

16 DEPARTMENT OF PUBLIC SAFETY
163 MAINE EMERGENCY MEDICAL SERVICES SYSTEM
CHAPTERS 1-17: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES

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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 2: DEFINITIONS

As used in these Rules, unless the context indicates otherwise, the following terms have the following meanings:

~~§1. —~~

~~§1. —ADVANCED EMERGENCY MEDICAL TREATMENT means those portions of emergency medical treatment, as defined by the Board, which may be performed by persons licensed or authorized under these Rules only when they are acting under the supervision of an appropriate physician and within a system of emergency care approved by the Board.~~ means those portions of emergency medical treatment:

A. Defined by the board to be advanced; and

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§2. **AMBULANCE** means any vehicle, whether an air, ground or water vehicle, that is designed, constructed, or routinely used or intended to be used for the transportation of ill or injured persons. The licensing of these vehicles is in addition to any registration required by any other authorities. For the purposes of these Rules, vehicles operated by the Maine Army National Guard, Maine Air National Guard or the United States armed forces are not considered ambulances.

§3. **AMBULANCE SERVICE** means any person, persons or organization, which holds itself out to be a provider of transportation for ill or injured persons. For the purposes of these Rules, the Maine Army National Guard, Maine Air National Guard and the United States armed forces are not considered ambulance services. It does not mean a person, persons, or an organization which transports ill or injured persons for reasons not connected with their illness or injury. It does not mean a nursing home licensed under 22 M.R.S.A. chapter 405, a children's home licensed under 22 M.R.S.A. chapter 1669, a boarding home licensed under 22 M.R.S.A. chapter 1663, or similar residential facility when transporting its own residents or those of another similarly licensed facility when those residents do not require emergency medical treatment. The types of Ambulance Services licensed by Maine EMS are listed below:

1. **Ground Ambulance Services** are those services licensed by the Board that treat patients and transport them in ambulance vehicles that are licensed by the Board and are designed to be operated on the roads and highways of the State.

2. **Scene Response Air Ambulance Services** are those services licensed by the Board that transport patients, utilizing aircraft licensed by the Board, from the scene of the patient's illness or injury to the hospital or provide air transfer of patients being transferred from a hospital or health care facility to another place.
3. **Transfer Air Ambulance Services** are those services licensed by the Board that transport patients utilizing aircraft licensed by the Board and that may only provide air transfer of patients being transferred from a hospital or health care facility to another place.
4. **Restricted Response Air Ambulance Services (RRAAS)** are those services licensed by the Board and that utilize aircraft licensed by the Board to provide limited air ambulance services in order to meet a need within the State not otherwise fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance Service.

§4. **BASE LOCATION** has the following meanings dependent upon the type of service license held:

1. For services licensed as Ground Ambulance Services, Scene Response Air Ambulance Services or Restricted Response Air Ambulance Services, Base Location means the physical location within a municipality, designated by the service and approved by the Board, from which a service responds its ambulances to the service's Primary ~~and Secondary~~ Response Area(s).

Ground Ambulance Services may position ambulances within municipalities abutting the municipality in which the Base Location is situated, for the purpose of enhancing emergency response.

2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location means that the service maintains a single phone listing for public access.

§5.

BASIC EMERGENCY MEDICAL TREATMENT ~~means those portions of emergency medical treatment, as defined by the Board that may be exercised by licensed or authorized EMS personnel acting under the supervision of an appropriate physician and within a system of emergency medical care approved by the Board.~~ means those portions of emergency medical treatment:

A. Defined by the board to be basic; and

B. That the board determines may be performed by persons licensed under this chapter within a system of emergency care approved by the board when acting under the supervision of:

(1) An appropriate physician; or

(2) A physician assistant or nurse practitioner, licensed by the State, and authorized by a hospital to supervise and direct the actions of an emergency medical services person.

§6. **BOARD** means the Emergency Medical Services Board established pursuant to 32 M.R.S.A. Chapter 2-B, § 88.

§7. **BOARD APPROVAL.** When no other method of gaining Board approval is specified, the person who seeks the approval shall apply in writing to the chairperson of the Board in care of the office of Maine Emergency Medical Services, stating the action to be considered, the section in the Rules under which approval is sought and the grounds in support of the request.

§8. **CERTIFICATE** means a document issued as evidence that a person has completed a course of training or a particular test or recertification.

§9. **CPR CERTIFICATION** means successful completion of a Maine EMS approved Cardio-Pulmonary Resuscitation (CPR) program, or equivalent. This is interpreted to include semiautomatic defibrillation when that module is successfully completed.

1. CPR certification is valid until the expiration date, or recommended renewal date, of the document recognized as proof of certification.

§10. **DEPARTMENT** means the Maine Department of Public Safety.

§11. **EMERGENCY MEDICAL CALL** means a medical situation in which an immediate response to a scene is required to prevent life or limb-threatening medical deterioration of a person requiring emergency medical treatment or a situation when dispatch or responding personnel do not have information to determine the existence or condition of persons at a scene who may require emergency medical treatment.

§12. **EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM** means a system approved by the Emergency Services Communications Bureau and the board that includes:

1. A protocol for emergency medical dispatcher response to calls;
2. A continuous quality improvement program that measures compliance with the protocol through ongoing random case review of each emergency medical dispatcher; and
3. A training curriculum and testing process consistent with the protocol.

§13. **EMERGENCY MEDICAL DISPATCH CENTER** means any entity that holds itself out to be a provider of emergency medical dispatch services.

§14. EMERGENCY MEDICAL DISPATCH SERVICES means any of the following services provided in the context of an emergency call made to the E-9-1-1 system:

1. Reception, evaluation or processing of calls;
2. Provision of dispatch life support;
3. Management of requests for emergency medical assistance; and
4. Evaluation or improvement of the emergency medical dispatch process, including identifying the nature of an emergency request, prioritizing the urgency of a request, dispatching necessary resources, providing medical aid and safety instructions to the caller and coordinating the responding resources as needed.

§15. EMERGENCY MEDICAL DISPATCHER means a person licensed by the Board who provides emergency medical dispatch services as a member of an emergency medical dispatch center licensed by the Board.

§16. EMERGENCY MEDICAL SERVICES PERSON means any person who routinely provides emergency medical treatment to the sick and injured. The following persons are not considered to be routinely providing emergency medical treatment for the purpose of these Rules and may provide emergency medical treatment only as specified below when called upon

1. Those persons as specified in 32 M.R.S.A. § 82(2) subject to any restrictions stated in that section;
2. Any person having current CPR certification, for the purpose of providing CPR within the scope of that certification;
3. Any person who provides automatic external defibrillation in accordance with 22 M.R.S.A. § 2150-C;
4. Any student currently enrolled in a course leading to licensure may practice procedures learned in that course when that student:
 - A. Has received permission to practice those procedures from the Instructor/Coordinator of the course;
 - B. Is participating in a scheduled field internship session approved by the course's clinical coordinator;
 - C. Is practicing those procedures with a Maine EMS-licensed service that complies with guidelines as developed by Maine EMS to conduct field internship sessions; and,

- D.** Is supervised by a preceptor licensed to perform those procedures and who is acting in accordance with any requirements or guidelines as approved and published by Maine EMS.

If such a person is also licensed under these Rules, any emergency medical treatment he/she provides that is within the scope of his/her license will be considered as routine and not subject to such supervision.

5. Any person operating as a member of a police, fire, ambulance or non-transporting EMS service who has current CPR certification and who, within the past three years, has completed a Maine EMS-approved training program in hemorrhage control and oxygen-delivery-during-CPR and whose service maintains a record of such certification and training, may provide emergency medical treatment within the scope of that training program and certification at the scene of a medical emergency to which that service has been called.

§17. EMERGENCY MEDICAL SERVICES VEHICLE means a vehicle, authorized by Maine EMS pursuant to 29-A M.R.S.A. § 2054, for the purpose of transporting personnel and/or equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire department vehicle. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

§18. EMERGENCY MEDICAL TREATMENT means those skills, techniques and judgments, as defined by the Board, which are directed to maintaining, improving or preventing deterioration of the medical condition of the patient and which are appropriate to be delivered by trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

§19. EMERGENCY RESPONSE MODE means the operation of the ambulance's or emergency medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes, 29-A M.R.S.A..

§20. EMERGENCY SERVICES COMMUNICATIONS BUREAU means the Emergency Services Communication Bureau within the Public Utilities Commission.

§21. FAA means Federal Aviation Administration.

§22. FAR means Federal Aviation Regulations

§23. LICENSE means a full, temporary or conditional license issued under these Rules.

§24. LOCATED OUTSIDE THE STATE OF MAINE. An ambulance service is located outside the State of Maine provided that it is licensed in another state or territory, does not

maintain a base of operations in Maine, and does not routinely carry patients between points, both of which are in Maine.

§25. MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS means the Board, the emergency medical services director, and staff within the Department of Public Safety responsible for carrying out the responsibilities of 32 M.R.S.A. § 81 et seq. and these Rules.

§26. MEDICAL CONTROL (DIRECTION) is physician supervision of pre-hospital emergency medical care. More specifically, it is those actions taken to ensure that care provided on behalf of ill or injured patients is medically appropriate. Medical Control includes interaction with operational and administrative aspects of EMS (for example, education and training, quality improvement, ambulance staffing, dispatch issues, and hospital destination).

1. Direct Medical Control (on-line or immediate medical control):

A. The contemporaneous physician direction of a field provider utilizing radio or telephone, or actual contact with a physician on scene.

B. This physician direction may be provided by a Physician Assistant or Advanced Practice Registered Nurse delegated by the physician(s) charged with medical oversight

2. Indirect Medical Control is the administrative medical direction of EMS personnel by a physician as designated in these Rules.

§27. MEDICAL DIRECTION AND PRACTICES BOARD means the ~~subcommittee of the~~ board, chaired by the State Emergency Medical Services Medical Director, and consisting of each regional medical director, a representative of the Maine Chapter of the American College of Emergency Physicians, and the State Emergency Medical Services Medical Director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services pre-hospital treatment protocols.

§28. NON-EMERGENCY MEDICAL CALL means a situation in which an immediate response to a scene, hospital, health care facility or other place is not required to prevent life-or limb-threatening medical deterioration of a person.

§29. NON-EMERGENCY RESPONSE MODE means operation of the ambulance or emergency medical services vehicle in a non-emergency mode obeying all traffic laws. ~~Licensed ambulances shall operate in a non-emergency response mode from the scene of a call to a hospital or during the transfer of a patient from a hospital or healthcare facility to another place unless the EMS provider responsible for the care of the patient determines that a threat to the patient's life or limb exists and necessitates emergency response mode.~~

§30. NON-TRANSPORTING SERVICE means any organization, person or persons who hold themselves out as providers of emergency medical treatment and who do not routinely provide transportation to ill or injured persons, and who routinely offer to provide services to the

general public beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of these Rules, a physician making house calls as a part of ordinary medical practice is not considered to be a non-transporting service.

~~1. A non-transporting EMS service must have a written agreement with a licensed ambulance service to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into a written agreement with a non-transporting EMS service.~~

1. A police or fire department which does not hold itself out as a provider of emergency medical care shall not be considered a non-transporting service solely because members of that department (who are licensed emergency medical services persons) provide medical care at the scene of a medical emergency to which they were dispatched for police or fire assistance.

§31. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES means the administrative unit within the Department of Public Safety to which the Board assigns responsibility for carrying out the purposes of 32 M.R.S.A. § 81, et seq. Responsibility for implementation, enforcement and administration of these Rules is delegated to the Director of the Office.

§32. PATIENT CARE REPORT means the report generated and filed by Ambulance Services and Non-Transporting Services documenting each request for service or for each patient when more than one patient is involved.

§33. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) means a transfer of a patient after initial assessment and stabilization from and to a health care facility conducted in accordance with the Maine EMS PIFT guidelines.

§34. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) SERVICE means a Maine EMS licensed Ambulance Service that has been approved as a PIFT Service by Maine EMS after fulfilling the PIFT Service eligibility requirements.

§35. PARAMEDIC INTER-FACILITY TRANSFER (PIFT) PROVIDER means a Maine EMS Paramedic who has completed the Maine EMS PIFT Training Program.

§36. PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL means the written statement approved by the Medical Direction and Practices Board and filed with the Board, specifying the conditions under which some form of emergency medical care is to be given by emergency medical services persons. These protocols are coordinated and published through Maine EMS as a single, statewide common set of protocols.

§37. PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES means an Emergency Medical Dispatcher or Emergency Medical Dispatch Center licensed by the Board.

§38. PUBLIC SAFETY ANSWERING POINT has the same meaning as in Title 25, section 2921.

§39. REGIONAL COUNCILS means those groups recognized by the Board that represent the various regions of the state, as designated by the Board, with respect to matters subject to 32 M.R.S.A., § 81 et seq. and these Rules.

§40. REGIONAL MEDICAL DIRECTOR means the physician designated in each EMS region by the regional council, subject to approval by the Board, to oversee all matters of medical control and to advise the regional council on medical matters. In designating the regional medical director, the Board will be advised by the regional council for the region.

§41. RESPONSE ASSIGNMENT PLAN means a Maine-EMS approved plan developed by a Maine licensed service and its service medical director that identifies the service's level of response and response mode in accordance with Maine EMS Emergency Medical Dispatch (EMD) protocol determinant codes.

~~§41.~~**§42. STATE LICENSURE EXAMINATIONS** means the written (cognitive) tests and practical (psychomotor) evaluations approved by the Board and used to determine the minimum competency of a person seeking licensure as an EMS provider.

~~§42.~~**§43. TRAINING CENTER** means an entity that meets the requirements of the Maine EMS Training Center ~~Approval Process~~Standards and is authorized by Maine EMS to conduct Maine EMS-approved EMS educational courses and training programs leading to EMS provider licensure.

~~§43.~~**§44. WILDERNESS EMERGENCY MEDICAL TECHNICIAN** means the graduate of any wilderness emergency medical technician course, approved by Maine EMS, who may apply the principles of care taught in that course as defined. This is not a Maine EMS licensure level in itself, but is a certification of skills and knowledge that may be employed by those licensed by Maine EMS.

AUTHORITY: 32 M.R.S.A., §§84, 85-A, 88

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April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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441

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING
SERVICE LICENSES

§1. No ground ambulance service or non-transporting service shall operate unless it is duly licensed by the Board under these Rules.

§2. **License Factors** - a ground ambulance service license or a non-transporting service license is issued for a specific:

1. Type of service - which may be:

A. A Non-Transporting Service; or

B. An Ambulance Service

2. Level of care - which may be:

A. ~~First Responder~~ Emergency Medical Responder (EMR) - (only if the service is licensing as a Non-Transporting type of service); or

B. ~~EMT-Basic~~ Emergency Medical Technician (EMT); or

C. ~~EMT-Intermediate; or~~ Advanced EMT (AEMT)

~~D. EMT-Critical Care; or~~

~~E.D.~~ EMT Paramedic

3. Ownership

Upon request of the Board, an applicant for or licensee of a ground ambulance service or non-transporting service license must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the license. Failure to provide this information may result in an application being treated as incomplete.

4. Service Area ~~which includes:~~

~~A. Primary Response Area: Any area to which the service is routinely made available when called by the public to respond to medical emergencies.~~

~~A. In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operation to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:~~

The service area consists of the primary response area, which is any area to which the service is routinely made available when called by the public to respond to medical emergencies. In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operations to emergency scenes. Maine EMS will determine if such standards are met using the following criteria:

1. Dispatch time/availability of ambulance and crew;
2. Response times;
3. Organized/coordinated dispatch;
4. Public perception;
5. Emergency responses across jurisdictions/public safety implications;
6. Impact on patient care;

~~And~~

~~B. B. Secondary Response Area: Any area to which the service is routinely made available when called by other Maine EMS licensed services or health care facilities, as a specialty or mutual aid responder for emergency medical calls.~~ The service receiving the request to respond to an emergency medical call outside of its primary response area shall coordinate with that area's primary EMS service to insure the most appropriate response based upon patient status;

~~But does not include:~~

~~C. Any~~ C. A service area does not include any other area to which the service may be made available for non-emergency medical calls.

5. Base Location.

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or,
- B. A service may apply for a single license to operate from multiple locations provided it has a Service Medical Director and a single Quality

Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors.

A service must receive a new license before changing any licensing factors.

§4. Approval of License.

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:

- A. Apply on forms available from Maine EMS.

- B. Submit a fee of \$100.00.

- C. Demonstrate to Maine EMS that:

1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed primary service area(s). This requirement does not apply for a new license sought for an upgrade in level of care; ~~for a service acting only as a secondary emergency responder or for changes in secondary response area(s) pursuant to these Rules.~~ The notice must state:

- (a) The name and legal status of the entity making application

- (b) The name of the proposed service;

- (c) The type of service proposed;

- (d) The level of care to be provided;

- (e) The names of the municipalities within the primary response area of the proposed service;

- (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by

Maine EMS within 30 calendar days after the date of the notice's publication; and,

(g) The current mailing address of the Maine EMS office

2. The applicant can provide the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
3. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including the hospital-ambulance frequencies utilized in the service area(s) pursuant to these Rules. As of January 1, 2001, services licensed by Maine EMS shall have the capability of communicating via the designated Maine EMS statewide frequency "155.385."
4. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
5. If the application is for a non-transporting service, the non-transporting service has either (1) entered into written agreements with the ambulance services which will transport its patients, guaranteeing continuity of care for the patient and simultaneous dispatch of the non-transporting and ambulance services, or (2) otherwise addresses these concerns in a plan approved by Maine EMS which includes as a component a written agreement of this nature with at least one ambulance service.

(a) An ambulance service is not required to approve of or enter into a written agreement with a non-transporting EMS service.
- ~~5.~~6. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A. § 92-A), or has identified a Board-approved Quality Assurance/Quality Improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.
- ~~6.~~7. The applicant has designated a service director, who shall act as the point of contact for the service.
- ~~7.~~8. The applicant has identified the designated infection control officer for the proposed service.

9. The applicant has - in the case of a proposed service requesting a license or permit to administer drugs/medications - entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications pursuant to these Rules.

~~8.~~10. If the applicant intends to provide Paramedic Inter-facility Transfers (PIFT) a separate application must be submitted to and approved by Maine EMS before the service performs such transfers. Personnel providing PIFT treatment on behalf of the service must successfully complete a Maine EMS-approved PIFT course prior to performing such treatment.

2. A service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month, and prorate the licensing fee if it is determined that such a change is in the best interest of the service and the system.

§6. **Renewal of Service License**

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted to Maine EMS thirty (30) days prior to the expiration of a license.

An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an ambulance or non-transporting service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

3. In order to obtain a license renewal, a service must:

A. Apply on forms available from Maine EMS.

B. Submit a fee of \$100.00.

C. Demonstrate, as may be required by Maine EMS, that it meets the licensure requirements called for in these Rules.

§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting Service Licensees

1. A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above ~~that~~ service license level, except:

A. ~~unless~~ When utilizing personnel not required to be licensed by Maine EMS as provided for in 32 M.R.S.A. § 86 (2). This person will limit care to the level of the service license pursuant to these Rules. This person will be responsible for patient care ~~;~~ or,

B. When the service's response is in accordance with a Maine EMS-approved Response Assignment Plan.

~~1.2.~~ A ground ambulance service or non-transporting service must ~~report to~~ notify Maine EMS of the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider. Notification to Maine EMS may be made electronically or by mail ~~mailed to MEMS.~~

~~2.3.~~ A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must:

A. Apply on forms available from Maine EMS.

B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.

C. Show that it can satisfy the requirements of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).

D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements set forth in these Rules.

E. Apply for new permission to provide a higher level of care by notifying Maine EMS.

3.4. A ground ambulance service or non-transporting service may apply for approval from Maine EMS to allow the use of Epinephrine auto injectors by the service's personnel who are licensed at the EMT-Basic level. Standards for initial and continued approval shall be in accordance with criteria approved and published by Maine EMS.

5. A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.

6. A ground ambulance service or non transporting service shall not allow persons less than 18 years of age to participate in medical response operations or medical response observation, except:

A. When Maine EMS has approved the service's supervision plan for such persons and in accordance with Maine Department of Labor rules governing employment for minors.

7. Pursuant to 42 U.S.C. §300-ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

§8. Availability for Emergency Response

1. Any ground ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, every day, with full-time dispatch capability, and written mutual aid arrangements as necessary, to ensure an annual average time of twenty minutes

or less from the "call for emergency medical assistance" to "arrival-at-scene", and shall not deny treatment or transport resulting from an emergency call if treatment or transport is indicated.

Failure of a ground ambulance service to comply with these emergency response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

2. A non-transporting service providing response to emergency medical calls must submit with its initial license application a letter of understanding if the service's hours of availability will be other than twenty-four hours a day, every day. This letter of understanding must be approved by Maine EMS and signed by an authorized representative of the non-transporting service, and an authorized representative of the transporting service. Changes to the letter of understanding may be accomplished by written agreement of the aforementioned parties.
3. Non-transporting services must have a full-time dispatch capability, written mutual aid arrangements as necessary and assure an annual average response time during their hours of availability of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene" and shall not deny treatment resulting from an emergency medical call if treatment is indicated.

§9. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, a service must complete and submit an electronic Maine EMS patient care report, as specified by Maine EMS, within ~~three~~one business days.

§10. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

§11. Ground Ambulance Vehicles - General

1. Except as otherwise exempted by 32 M.R.S.A. § 82, no vehicle shall be operated as a ground ambulance from within Maine unless it is licensed as an ambulance under these Rules.
2. A ground ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will prorate the

vehicle licensing fee for a service licensing a new vehicle within its one year service license period to ensure concurrent expiration dates for service and vehicle licenses.

3. Any ground ambulance vehicle licensed in the state of Maine as of September 1, 1986 may continue to be licensed by the service owning it on that date as long as it is maintained in a condition which will meet all Department of Public Safety standards for vehicle safety and is in a clean and sanitary condition, free from interior rust, dirt, or contaminating foreign matter.
4. Any ground ambulance vehicle acquired by a Maine-licensed service as of September 1, 1986, must meet the standards set forth in these Rules.
5. A ground ambulance vehicle license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 3 §12 of these Rules. If a service is required to relicense under Chapter 3 §2 because of a change of ownership, then all of the service's ground ambulance vehicle licenses end, and the service must apply for new ground ambulance vehicle licenses. The fee for licensing a vehicle is \$60.00.
6. When a service acquires a new or used vehicle under Chapter 3 §12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the prorated portion of the annual vehicle licensing fee necessary to license the vehicle until the service's next licensing anniversary. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
7. Upon request by Maine EMS, a licensed ambulance service shall make its ground ambulance vehicle(s) available for inspection to ensure that each vehicle is safe, clean, and otherwise in conformity with these Rules. If a ground ambulance vehicle does not pass inspection and its continued operation presents a hazard to health or safety, Maine EMS may order it removed from service at once consistent with Maine Law (See 5 M.R.S.A. §10004 and 4 M.S.R.A. §184). If the deficiencies are not such as to require the vehicle's immediate removal from service, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the vehicle while bringing it into conformity with the law and Rules. If the vehicle is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the ground ambulance vehicle license.

§12. Ground Ambulance Vehicle – Licensing Requirements

1. In general, if control of a ground ambulance vehicle passes from one ambulance service to another, or from an ambulance manufacturer or his representative to an ambulance service, through any means, the ground ambulance vehicle must

be licensed to the recipient service prior to the recipient service's operation of that vehicle as an ambulance.

2. Temporary Transfer of Ground Ambulance Vehicles.

A. If control of a licensed ground ambulance vehicle, which is owned by a licensed service, is passed to another ambulance service, the ground ambulance vehicle transferred under this subsection will be considered licensed pursuant to these Rules.

B. If control of a licensed ground ambulance vehicle, which is owned by a manufacturer or manufacturer's representative, is passed to a service, the ground ambulance vehicle must be licensed to that service. A ground ambulance vehicle owned by a manufacturer or manufacturer's representative may be simultaneously licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.

C. The service temporarily assuming control of the ground ambulance vehicle shall maintain, at its base of operations, written record as to when control is assumed and when it is returned. These records are to be available for inspection by Maine EMS.

3. Emergency Medical Services Vehicles - Any vehicle operated by a licensed service or any agency designated by Maine EMS which is not already licensed as a fire department vehicle or ambulance, may be approved by Maine EMS as an emergency medical services vehicle, consistent with 29-A M.R.S.A. §2054 so long as that vehicle:

A. Is operated in emergency response mode on public ways solely for the purpose of carrying personnel and equipment to the scene of an emergency medical call.

B. Meets applicable federal and Maine safety requirements including the state's periodic motor vehicle inspection requirements.

C. When in emergency response mode, is operated by a driver with a valid license who has successfully completed a Maine EMS approved Basic Ambulance Vehicle Operator Course (AVOC), or a similar course that has been approved by Maine EMS as equivalent to AVOC.

D. Is operated in accordance with all applicable Maine Laws, including, but not limited to Title 29-A.

E. Is made available for inspection when requested by Maine EMS in order to ensure conformity with the Rules.

§13. Ground Ambulance Design Requirements

1. A ground ambulance vehicle, unless it falls within Chapter 3 §11.3 of these Rules, must meet the following standards to be licensed:
 - A. Federal/state safety requirements. It must meet the applicable federal and Maine safety requirements including the State's periodic motor vehicle inspection requirements listed in the current edition of the Maine State Police Motor Vehicle Inspections Manual.
 - B. Interior size. It must meet the chassis manufacturer's specifications, and must have a minimum inside height of 60 inches at the center of the patient compartment, a minimum width of 48 inches at the center of the patient compartment, a walkway parallel to the length of the primary cot adequate to allow an attendant to walk from head to foot of the cot; and a minimum inside patient compartment length of 122 inches at the cot level.
 - C. Interior storage accommodations. The interior of the patient compartment must provide adequate stowage space for medical supplies, devices and installed systems. For purposes of this paragraph, "stowage" is defined as the storing, packing, or arranging of ambulance contents in a secure manner so as to protect the contents from damage and the personnel from injury. Interior compartment doors, latches and operating mechanisms must operate in accordance with the manufacturer's design.
 - D. Seat belts. Seat belts shall be provided in all permanent seat positions in the vehicle, including the squad bench. For purposes of this paragraph, "squad bench" is defined as a permanent, non-removable seat that is located in the patient compartment and which can serve as a seat for crew members or as a surface on which a patient may lie down.
 - E. Patient restraint. The ambulance must be equipped with a multilevel patient stretcher designed for ambulances, mounted in, and detachable from the vehicle. The head of the stretcher must elevate. At least three strap-type restraining devices (chest, hip, lower extremity), not less than 2 inches wide, shall be provided for each stretcher, cot or litter. Additionally, the head of the cot shall be furnished with upper torso (over the shoulder) restraints designed to prevent motion of the patient during severe braking or in an accident. Restraining straps shall incorporate metal-to-metal quick release buckles.

- F.** Litter fasteners. Crash-stable fasteners of the quick-release type shall secure the cot to the floor or side walls. Provision shall be made for the required portable stretchers to be secured in safe positions for transport. Stretcher mounts must be capable of fastening the stretcher to the vehicle to prevent any movement of the stretcher when in its fastened position.
- G.** Patient compartment environmental equipment. The patient compartment shall be adequately heated, air-conditioned, and ventilated to provide for patient comfort.
- H.** Communications equipment shall be adequate to allow the vehicle to contact on the regional radio frequency the hospitals to which it regularly takes patients. The ambulance shall also be able to maintain two-way communications contact with a full-time dispatching facility. As of January 1, 2001, all vehicles licensed or authorized by Maine EMS shall be capable of communications utilizing the designated Maine EMS statewide frequency, 155.385
- I.** Attendants/driver communication. It shall be possible for the driver and the attendants, in their working positions, to speak to one another.
- J.** Warning devices. All ambulances shall be equipped with a siren and with emergency warning lights, rotating or flashing, visible from 360 degrees at all times. Colors of ambulance lights are fixed by 29-A M.R.S.A. § 2054.
- K.** Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of 35 foot candles of illumination measured on at least 90 percent of the cot's surface area.
- L.** Name of service. Ground vehicles placed in service after March 1, 1992, must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2 are exempt from this requirement.
- M.** Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi) maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.

N. Suction aspirator, permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

O. Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.

§14. Ground Ambulance Vehicle Equipment Requirements

1. As of August 1, 2004, all medical equipment and medical supplies carried on a ground ambulance vehicle must be natural-rubber latex free.

A. Each ground ambulance vehicle shall carry the equipment listed in the equipment guideline pursuant to these Rules.

B. If a ground ambulance service is licensed at an advanced level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies pursuant to these Rules.

C. If a ground ambulance service is permitted to a given level, it must provide at least one set of equipment and supplies required for that level pursuant to these Rules.

§15. Ground Ambulance Vehicle or Emergency Medical Services Vehicle Operation

1. A licensed ground ambulance vehicle or authorized emergency medical services vehicle shall operate in a non-emergency response mode to a location to which the ambulance or emergency medical services vehicle has been dispatched except when:

A. ~~The ground ambulance vehicle or emergency medical services vehicle has been dispatched to the scene of an emergency medical call and~~ Dispatch or responding personnel do not have adequate information to determine the existence or condition of persons at a scene who may require emergency medical treatment, or;

B. ~~The EMS provider responsible for patient care determines that a life or limb threat to the patient exists that necessitates emergency response mode~~ The ambulance or emergency medical services vehicle is responding in accordance with a Maine-EMS-approved Response Assignment Plan.

2. A licensed ambulance shall operate in a non-emergency response mode from the scene of a call to a hospital or during the transfer of a patient from a hospital or healthcare facility to another place unless the EMS provider responsible for the care of the patient determines that a threat to the patient's life or limb exists and necessitates emergency response mode.

3. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS.

§16. Non-Transporting Service Requirements

1. As of August 1, 2004, all medical equipment and medical supplies carried by a non-transporting service must be natural-rubber latex free.

A. A non-transporting service shall carry the equipment listed in the equipment guideline of these Rules.

B. If a non-transporting service is permitted to a given level, it must provide at least one set of equipment and supplies required for that level as listed in the equipment guideline of these Rules.

2. Upon request of Maine EMS, a non-transporting service shall make its equipment available for inspection in order to ensure conformity with the Rules.

§17. Termination of Service

1. Any ground ambulance service or non-transporting service intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the service termination date. The service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the primary service area(s). The notice must state:

A. The name of the service;

B. The date of service termination; and

C. The names of the municipalities affected by the service's termination.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982

1081		December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
1082		January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
1083	11.1067	
1084		April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
1085		January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
1086		September 1, 1986
1087		August 25, 1987 - Sec. 5, 6.011 and 12 (added)
1088		July 1, 1988
1089		March 4, 1992
1090		September 1, 1996
1091	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000
1092	REPEALED AND REPLACED:	July 1, 2000
1093		July 1, 2003
1094		October 1, 2009

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH CENTER LICENSURE

§1. A provider of emergency medical dispatch services must be licensed by the Board in accordance with 32 M.R.S.A. §85-A and these Rules.

§2. Licensing Factors – The license issued under this chapter is for an Emergency Medical Dispatch Center.

1. Ownership

Upon request of the Board, an applicant or licensed Emergency Medical Dispatch Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the license. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

A license is issued for a specific physical address or location.

§3. Change in Licensing Factors.

An Emergency Medical Dispatch Center must receive Board approval to change any of the licensing factors.

§4. Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an ~~an -service~~ [EMD Center](#) applicant must:

A. Apply on forms available from Maine EMS; and

B. Demonstrate to Maine EMS that:

1. The applicant complies with the requirements of 32 M.R.S.A. §85-A, the Rules, and the Maine EMS-approved Emergency Medical Dispatch Priority Reference System;
2. The applicant can provide the facilities, equipment, and personnel required by these Rules;

3. The applicant has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an emergency medical dispatcher while engaged in emergency medical dispatch or has a Maine EMS-approved printed protocol card set for each on-duty emergency medical dispatcher. The card set must be within five feet of the emergency medical dispatcher's telecommunications console;
 4. The applicant complies with the Quality Assurance/Quality Improvement requirements as set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System; and
 5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Center.
2. An Emergency Medical Dispatch Center license is issued for a period of 24 months unless earlier suspended or revoked. A license may be issued for a shorter period of time if approved by the Board.
 3. An Emergency Medical Dispatch Center must demonstrate ongoing compliance with these Rules in order to maintain its license.

§5. Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. An Emergency Medical Dispatch Center may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Center with an expired license cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain a license renewal, an Emergency Medical Dispatch Center must:
 - A. Apply on forms available from Maine EMS; and
 - B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S.A. §85-A and these Rules.

§6. Personnel Requirements for Emergency Medical Dispatch Centers

1. An Emergency Medical Dispatch Center must use Maine EMS licensed Emergency Medical Dispatchers to receive, evaluate and process all calls for medical assistance, except that a dispatcher-in-training, under direct supervision of a Maine EMS licensed emergency medical dispatcher designated by the EMD Center director, may process calls using the emergency medical dispatch

protocol after the dispatcher-in-training has attended the Maine EMS approved certification course for emergency medical dispatch. For purposes of this paragraph, direct supervision means that the designated licensed emergency medical dispatcher is contemporaneously listening to the call for medical assistance being processed by the dispatcher-in-training and is able to assume control of the call and provide emergency medical dispatch, if the dispatcher-in-training is ~~incapable of processing the call~~ unable to process the call in accordance with protocol.

An Emergency Medical Dispatch Center director must notify Maine EMS when Emergency Medical Dispatchers are employed or terminated from employment by the Center. Notification must be made ~~in a manner prescribed by Maine EMS~~ electronically or by mail within five days of the employment or termination of employment of an Emergency Medical Dispatcher.

§7. Response Standards For Emergency Medical Dispatch Centers

1. Emergency Medical Dispatch Centers must provide Emergency Medical Dispatch Services twenty-four hours a day, every day, with full-time dispatch capability to ensure that all calls for medical assistance received are processed in accordance with 32 M.R.S.A. §85-A, the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and these Rules.
2. Emergency Medical Dispatch services must be implemented within the first 10 seconds of when a 9-1-1 call is received in at least ninety percent of the calls received.

§8. Termination of Center License

1. Any Emergency Medical Dispatch Center intending to terminate its operations must make written notification to Maine EMS and the Emergency Services Communications Bureau at least 30 days prior to the termination date. The Emergency Medical Dispatch Center shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the dispatch area(s). The notice must state:
 - A. The name of the Emergency Medical Dispatch Center;
 - B. The date of termination;
 - C. The names of the municipalities affected by the termination; and
 - D. The plan in place for 9-1-1 service and Emergency Medical Dispatch coverage for municipalities affected by the termination.

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§9. Transition To Statewide Emergency Dispatch Protocol

1. As of July 1, 2010 all licensed Emergency Medical Dispatch Centers in Maine must exclusively use Board approved statewide Emergency Medical Dispatch protocols.

AUTHORITY: 32 M.R.S.A. §84, 85-A, 88
EFFECTIVE DATE: September 1, 2006 (NEW)
REPEALED AND REPLACED: October 1, 20009

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 4: AIR AMBULANCE SERVICE LICENSES

§1. No air ambulance service shall operate unless it is duly licensed by the Board under these Rules.

§2. **License Factors** – an air ambulance service license is issued for a specific:

1. Type of service - which may be:

A. Scene Response Air Ambulance Service;

B. Transfer Air Ambulance Service

C. Restricted Response Air Ambulance Service (RRAAS). In order to be licensed as a Restricted Response Air Ambulance Service, an applicant must demonstrate to the Board that the limited scope of the proposed service will fulfill a unique and/or unmet need regarding the air transport of patients in the state.

Notwithstanding the requirements of this Chapter, in order to receive a license as a RRAAS, an applicant must comply with any and all restrictions or modifications placed upon the licensee by the Board, including, but not limited to:

1. The geographical locations to which the service may respond to emergency medical calls or non-emergency medical calls and the geographical locations to which the service may transport a patient. The Board may limit the aforementioned geographical locations to specific airports, airstrips and/or landing zones; and

2. The type and medical condition of patients that may be transported by the licensee. RRAAS is limited to response to non-emergency medical calls unless a Scene Response Air Ambulance Service or Transfer Air Service is unavailable to respond to emergency medical calls in the RRAAS response areas or unless the applicant has a plan, approved by the Medical Direction and Practices Board that establishes specific patient medical condition standards for the service.

2. Level of care - which may be:

A. EMT-~~Basic~~ (Restricted Response Air Ambulance Services only).

B. ~~EMT-Intermediate~~ Advanced Emergency Medical Technician (AEMT)
(Restricted Response Air Ambulance Services only).

C. ~~EMT~~—Paramedic (Scene Response Air Ambulance Services and
Transfer Air Ambulance Services must be licensed at the ~~EMT~~-
Paramedic level).

3. Ownership

A. Upon request of the Board, an applicant for or licensee of an air
ambulance service license must provide the Board with the identity and
legal status (e.g., municipality, corporation, Limited Liability Company,
sole proprietorship) of the person or entity that holds or is making
application for the license. Failure to provide this information may
result in the application being treated as incomplete.

B. The air ambulance service license will be issued in the name of the
operator, individual or organization directly responsible for the medical
care aspects of the service.

4. Service Area - which includes:

A. Primary Air Ambulance Response Area: Any area to which the service is
routinely made available when called to respond to pre-hospital
emergency medical calls.

In defining a primary response area, a service will be expected to meet
reasonable standards in regards to distance and response times from its base of
operation to emergency scenes. Maine EMS will determine if such standards
are met using the following criteria:

1. Dispatch time/availability of ambulance and crew;
2. Response times;
3. Organized/coordinated dispatch;
4. Public perception;
5. Emergency responses across jurisdictions/public safety implications;
6. Impact on patient care;

But does not include:

- B. Any other area to which the service may be made available for non-emergency medical calls.

5. Base Location

- A. Unless otherwise approved by Maine EMS, a service must be separately licensed for each base location from which it operates; or
- B. A service may apply for a single license to operate from multiple base locations provided it has a Service Medical Director and a single Quality Assurance / Quality Improvement program that is approved by the Board and the State Medical Director.

§3. Change in License Factors

A service must receive a new license before changing any licensing factors.

§4. Approval of License

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

§5. Licensing Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
 - A. Apply on forms available from Maine EMS.
 - B. Submit a fee of \$100.00.
 - C. Demonstrate to Maine EMS that:
 1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
 - (a) The name and legal status of the entity making application.
 - (b) The name of the proposed service;
 - (c) The type of service proposed;
 - (d) The level of care to be provided;

- (e) The names of the municipalities within the primary response area of the proposed service;
 - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
 - (g) The current mailing address of the Maine EMS office.
2. The applicant has established a Maine EMS approved plan to integrate and coordinate the air ambulance service within the existing EMS system in the areas of proposed operation and a professional and community education program for those ambulance services, non-transporting services, public safety agencies and hospital personnel with whom the air ambulance service interacts. This plan must include, but not be limited to:
- (a) A written policy and procedure specifying the:
 - (i) Service's mission statement;
 - (ii) Scope of care to be provided by the service in accordance with Medical Direction and Practices Board-approved protocols; and
 - (iii) Education, clinical experience and competency requirements of the medical crew commensurate with the scope of care to be provided.
 - (b) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;
 - (c) Capabilities of medical transport personnel;
 - (d) Type of aircraft vehicle(s) used and operational protocols specific to type;
 - (e) Coordination of medical protocols and operating practices with hospital and pre-hospital providers and other public safety agencies;
 - (f) Response and coverage area for the service;
 - (g) Preparation and stabilization of the patient;

- (h) A safety program of policies and procedures specific to the operational environment (i.e. weather, terrain, aircraft performance, and patient care issues) in selection of transport mode.
 - (i) An ongoing safety education program consisting of patient preparation and personal safety around the aircraft, including landing zone (LZ) designation and communications for rotor wing services.
 - (j) Coordination of medical protocols and operating practices with those of the hospital and pre-hospital providers and public safety agencies with whom the service will interact;
 - (k) Ongoing familiarization for those ambulance and non-transporting services, public safety agencies, and hospital personnel with whom the air ambulance service may interact routinely.
 - (l) Scene Response Services must have ongoing safety communications program consisting of integration with Public Safety Answering Points and other emergency dispatch facilities in the state.
 - (m) Scene Response Services must be able to demonstrate environmental integration with local community noise abatement utilizing procedures consistent with the “Fly Friendly Guidelines” published by the Helicopter Association International.
 - (n) Scene Response Services must have provisions for contemporaneous flight following and during all operations and a readily accessible post accident incident plan.
3. The applicant is an aircraft operator, or will utilize an aircraft operator, who complies with current applicable Part 135 Federal Aviation Regulations (FAR) and is authorized by the FAA to provide air ambulance operations.
 4. The applicant can readily provide the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
 5. The applicant has in effect a plan to ensure that the service’s equipment is compatible with the service’s licensed aircraft and with the flight environment to which the equipment will be exposed.
 6. The applicant has in effect public liability insurance.
 7. The applicant has a physician medical director who is:

- (a) Licensed and authorized to practice as a physician in Maine and is board certified in a specialty consistent to the mission of the service and actively practices in the care and management of critically ill or injured adult and pediatric patients;
 - (b) Experienced in both air and ground emergency medical services and is familiar with the national consensus criteria of appropriate utilization of air medical and ground inter-facility critical care services;
 - (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program;
 - (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude;
 - (e) Actively involved in the Quality Assurance / Quality Improvement (QA/QI) program for the service, including the review of all missions by a qualified physician and in administrative decisions affecting medical care provided by the service;
 - (f) Familiar with Maine EMS Protocols, the Maine Trauma System and the capabilities of referring and receiving hospitals;
 - (g) Knowledgeable of the capabilities and limitations of the aircraft used in the service; and,
 - (h) Responsible to ensure that appropriate aircraft, medical crew and equipment are provided for each mission based on a system of preflight patient evaluation for inter-hospital transports and an established protocol consistent with types of scene responses anticipated if so licensed.
 - (i) Has established a plan for on-line medical direction if needed during transport.
8. The applicant will use and monitor compliance with dispatch response criteria as approved and published by the Board.
9. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including regional and state public safety frequencies, the designated Maine EMS statewide frequency 155.385 and the hospital-ambulance frequencies utilized in the service area(s) listed in these Rules.

10. If the application is for a new service or a change of service ownership: the applicant, if an individual is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
11. If the application is for a restricted air ambulance service, the service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.
12. The applicant has submitted a quality assurance plan that is subject to Maine EMS approval and that includes review of all flights by a qualified physician pursuant to these Rules.
13. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A. § 92-A).
14. The applicant has designated a service director, who shall act as the point of contact for the service.
15. The applicant demonstrates that all medical crew members are appropriately trained and qualified.
16. The applicant has identified the designated infection control officer for the proposed service.
17. The applicant has entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications as required pursuant to these Rules.
18. The applicant has a Maine EMS approved risk management plan consistent with the mission of the service which requires reporting of aviation or ground ambulance accidents, incidents, or safety occurrences to Maine EMS and appropriate government agencies and the accountable individual with responsibility to report.
19. Scene Response Services must have a Maine EMS approved risk management program for night scene responses.

2. A service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month and may prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.

§6. Renewal of Service License

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an air ambulance service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
3. In order to obtain and maintain a license renewal, a service must, for each base location:
 - A. Apply on forms available from Maine EMS;
 - B. Submit a fee of \$100.00;
 - C. Demonstrate, as required by Maine EMS, that it meets the licensure requirements called for in these Rules;
 - D. Scene Response Air Ambulance Services must demonstrate accreditation by the Commission for Accreditation of Medical Transport Systems (CAMTS).
 - E. Scene Response Air Ambulance Services must submit on an annual basis, a utilization report to Maine EMS and the Medical Direction and Practices Board (MDPB) that includes at minimum:
 1. Annual utilization data, including night operations;
 2. A review of all flights discharged from receiving hospitals in less than 24 hours;

3. Annual safety data including compliance with the services safety program and review of occurrence and incidents; and
4. Clinical performance data as requested by the MDPB.

§7. Personnel Requirements for Air Ambulance Service Licensees

1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services
 - A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be trained and licensed at the Paramedic level and must have:
 1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety;
 2. Successfully completed a Maine EMS-approved interfacility transport program;
 3. Current certifications in any specialty programs as required, and published, by the Board.
 - B. Personnel in addition to the Paramedic will be utilized consistent with the patient's needs.
2. Restricted Response Air Ambulance Service
 - A. The flight medical crew must consist of at least one person medically certified/licensed by the State at the level to which the service is licensed and who has completed a course in altitude physiology and air operations safety based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety.
 - B. Personnel in addition to the person identified in §7.2.A of this chapter may be utilized consistent with the patient's needs.
 - C. A Restricted Response Air Ambulance Service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must, for each base:

1. Apply on forms available from Maine EMS.
 2. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.
 3. Demonstrate that it can satisfy the requirements of Chapter 4 §5.1.C of these Rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is an employee or member of the applicant service).
 4. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements of Chapter 4 §5.1.C of these Rules.
3. A service must report to Maine EMS ~~, in writing,~~ the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from the service within 5 days of the termination or resignation of the provider. ~~Notification may be made electronically or by mail.~~ Notification to Maine EMS may be made electronically or by mail
4. Services shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The Board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.
5. Pursuant to 42 U.S.C. §300-ff-136, each emergency medical services agency licensed under this chapter shall designate an infectious control officer (ICO) to perform the duties and responsibilities established in the Ryan White Comprehensive AIDS Resources Emergency Act, P.L. 111-381. The licensee shall provide the ICO name and contact information to Maine Emergency Medical Services, and promptly notify Maine EMS of any changes in ICO during the term of its license. Maine EMS will provide this information to the Department of Health and Human Services, Maine Center for Disease Control, Division of Infectious Disease.

§8. Service Availability for Response

1. An air ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, except as limited by safety considerations.
2. An air ambulance service must provide notification to the requesting agency of the air ambulance's estimated time of arrival to the scene of a medical emergency or interfacility transfer pick-up location. This notification shall be made in as timely manner as possible. Changes in estimated time of arrival will be immediately communicated to the requesting agency by the air ambulance service.

Failure of a service to comply with these response requirements will be reviewed by Maine EMS to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

§9. Patient Care Report

For each request for service, or for each patient when more than one patient is involved in a call, an air ambulance service must complete and submit an electronic Maine EMS patient care report as specified by Maine EMS, within ~~3~~1 business days.

§10. Pilot Projects

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

§11. Air Ambulance Vehicles - General

1. Except as otherwise exempted by 32 M.R.S.A. § 82 and §12 of this chapter, no aircraft shall be operated as an air ambulance from within Maine unless it is licensed as an ambulance under these Rules.
2. An ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to assure concurrent expiration dates for service and vehicle licenses.

3. An aircraft licensed as an air ambulance shall meet all applicable FAA standards and must be maintained in a clean and sanitary condition, free from interior corrosion, dirt, or contaminating foreign matter.
4. A vehicle license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 4 §12.2 of these Rules. If a service is required to relicense under Chapter 4 §3 of these Rules because of a change of ownership, then all of the service's vehicle licenses end, and the service must apply for new vehicle licenses. The fee for licensing a vehicle is \$60.00.
5. When a service acquires a new or used vehicle under Chapter 4 § 12 of these Rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the prorated portion of the annual vehicle licensing fee necessary to license the vehicle until the service's next licensing anniversary. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be sure that it is safe, clean, and otherwise in conformity with these Rules. If a vehicle does not pass inspection and its continued operation presents a hazard to health or safety, Maine EMS may order it removed from service as an air ambulance at once consistent with Maine Law (See 5 M.R.S.A. §10004 and 4 M.S.R.A. §184). If the deficiencies are not such as to require the aircraft's immediate removal from service as an air ambulance, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the aircraft as an air ambulance while bringing it into conformity with the law and Rules. If the aircraft is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the aircraft's ambulance vehicle license.

§12. Air Ambulance Vehicle Licensing Requirements

1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed air ambulance service more than four times in any one-year period must be licensed to the respective service. An air ambulance vehicle may be licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
2. Temporary Air Ambulance Vehicles - Any air ambulance vehicle used for patient transport by a licensed air ambulance service no more than four times in any one-year period will be considered to be duly licensed to that service by the Board if it meets the requirements of this chapter. Within 7 days after such a transport, the service must notify Maine EMS of the date, time, and origin/destination points of the transport as well as the type and registration number of the aircraft and the reason for its use instead of a "permanent" vehicle. Maine EMS will place this information in the service file and may inspect the aircraft.

§13. Air Ambulance Vehicle Design Requirements

1. An air ambulance vehicle must comply with all Federal Aviation Administration (FAA) requirements for aircraft and air ambulance services. In addition, Maine EMS requires that an aircraft licensed by the Board must:
 - A. Be multi-engine if licensed by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service. A Restricted Response Air Ambulance Service may receive Board licensure for a single engine aircraft provided that:
 1. The aircraft engine is a gas turbine type;
 2. The licensee demonstrates that the aircraft operator maintains and routinely practices engine-failure contingency plans specific to the restricted operations area designated by the Board;
 3. The aircraft is routinely operated according to FAA Visual Flight Rules (VFR).
 - B. If a rotorcraft, be equipped with a 180 degree controllable searchlight of at least 400,000 candlepower and a functioning radar altimeter or other approved terrain warning system.
 - C. Be configured to allow medical attendants to have full-body patient view and access, and access to equipment and supplies in order to initiate both basic and advanced life support emergency procedures;
 - D. Be designed and configured for patient placement that allows for safe crew egress without compromising patient stability during loading, unloading or in-flight operations;
 - E. Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;
 - F. Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;
 - G. Be equipped with a FAA approved patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR) or a backboard or equivalent device to achieve CPR must be readily available;

1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;
 2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;
 3. If a car seat is used to transport an infant or child – it must have a FAA approved sticker;
 4. There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated airway problems or extrication from the isolette becomes necessary;
 5. There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
- H.** Be equipped with FAA-approved safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, pilots, other individuals, and equipment shall be provided. Medical attendants must be able to wear seat belts while having access to the patient's head and upper body;
- I.** Be large enough to accommodate loading of a stretcher without rotating it more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis of the patient and does not compromise functioning of monitoring systems, intravenous lines and manual or mechanical ventilation;
- J.** Be equipped with climate controls capable of preventing adverse effects on patients or personnel on board;
- K.** Be configured so that operational controls and communications equipment are protected from intended or accidental interference by the patient, medical transport personnel, equipment or supplies;
- L.** Be designed and configured so that the head-strike envelope is clear of objects or surfaces that could cause injury in the event of air turbulence or sudden hard landing. Medical and Flight crews in rotorcraft must wear FAA approved helmets.

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- M.** Be pressurized if an altitude is to be flown which would otherwise compromise the patient's condition.
 - N.** Be equipped with an FAA approved oxygen system with adequate capacity and available oxygen for every mission. Oxygen tanks must be secured to prevent movement. No oxygen tank may be secured on the area of the stretcher designed for patient placement.
 - 1. Medical transport personnel will be able to determine if oxygen is “on” by in-line pressure gauges mounted in the patient care area indicating quantity of oxygen remaining and measurement of liter flow;
 - 2. Each gas outlet will be clearly marked for identification, and oxygen flow can be stopped at or near the oxygen source from inside the aircraft or ambulance;
 - 3. Oxygen flow meters and outlets must be padded, flush mounted, or so located to prevent injury to medical transport personnel;
 - 4. There must be a back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements) in the event the main system fails. This back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight and must be located and secured in a FAA approved design. Under no circumstances will a portable tank be located between the patient’s legs.
 - O.** Be designed so that hangers/hooks are available to secure IV solutions, or a mechanism is provided for delivery of high flow fluids. IV hooks must be padded, flush mounted, or so located to prevent head trauma to the medical transport personnel in the event of a hard landing in the aircraft;
 - P.** Be designed so that medications, medical supplies and equipment - consistent with the service’s scope of care and necessary for patient medical care - are accessible to the flight medical crew while they are secured in seatbelts;
 - Q.** Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that the equipment is secured and positioned to provide easy access by the flight medical crew while they are secured in seatbelts. Extra batteries or other power source must be available;
 - R.** Be designed and configured so that the service's mission and ability to transport two or more patients does not compromise the airway or stabilization or the ability to perform emergency procedures on any on-

board patient, and be designed to provide access for simultaneous airway management if there is a two-patient configuration;

- S. Be designed so that the floor, sides and ceiling in the patient compartment have a surface capable of being cleaned and disinfected in accordance with Occupational Safety and Health Administration regulations.
- T. Have overhead illumination at the patient level sufficient for patient care.
- U. Be configured and/or equipped to protect the pilot's night adaptation vision.
- V. Carry, in addition to FAA-required communications equipment, radios capable of communicating: with all Maine hospitals which may be over flown; Maine EMS Statewide frequency 155.385; with the flight service dispatch; and with personnel on the ground if scene pickups are routinely conducted. Headset equipment for pilot/medical crew communication is required if such communication would not otherwise be possible.
- W. Be capable of communications utilizing the designated Maine EMS statewide frequency "155.385".
- X. Be equipped with an FAA-approved electrical power source(s) that will accommodate commonly carried medical equipment (AC or DC powered) without compromising the operation of any aircraft electrical equipment and that is not dependent upon a portable battery.
- Y. Be configured and equipped so as to prevent interference with medical, communications, avionics and other aircraft systems.
- Z. Be equipped with a suction aspirator that must be powered by the aircraft's electrical or engine-vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

§14. Air Ambulance Service Equipment Requirements

- 1. As of August 1, 2004, all medical equipment and medical supplies carried on an air ambulance vehicle shall be natural-rubber latex free.
 - A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in these Rules.

- B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance. All equipment and supplies must be secured according to FAR.
- C. Restricted Response Air Ambulance Services must comply with the air ambulance equipment requirements included in these Rules up to and including the service's license or permit level, unless the air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance.

§15. License Waiver

1. It is not the intent of these Rules to prohibit transport of a patient, in extraordinary circumstances, in an aircraft not licensed as an air ambulance when it is in the best interest of the patient and no licensed air ambulance is available within a reasonable time as determined by on-line medical control.
2. An aircraft not licensed as an air ambulance, and not operated by an air ambulance licensee, may be used to transport a patient when:
 - A. The licensed ambulance service transporting the patient has determined after consultation with on line medical control that transport by an unlicensed air ambulance is in the best interests of the patient;
 - B. A record of the run that documents the medical control transport order, attempts by medical personnel to secure a licensed air ambulance service to perform the run, and the circumstances and rationale for the transport is submitted to Maine EMS within 10 days of the run;
 - C. An aircraft is used that is FAA-certified and that allows head/torso access by medical crew;
 - D. An FAA license appropriate for the aircraft and run is held by the pilot;
 - E. The Board has not forbidden the ambulance service from conducting unlicensed air ambulance runs;
 - F. The medical crew (except as provided for in 32 M.R.S.A. § 86(2)) consists of at least one person licensed by Maine EMS at the level that is medically required for care of the patient. Personnel in addition to the required medical crew member will be utilized consistent with the patient's needs;

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2027		G. The flight medical crew carries equipment and supplies as required for
2028		care appropriate to the patient's condition; and
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2030		H. The ambulance service initiating the air transport/transfer ensures that a
2031		method of communications has been established to allow for
2032		communications among the transporting medical crew, the receiving
2033		ground ambulance service and local medical control.
2034		
2035	AUTHORITY:	32 M.R.S.A., Chapter 2-B.
2036		
2037	EFFECTIVE DATE:	July 3, 1978 (EMERGENCY)
2038		
2039	AMENDED:	April 1, 1982
2040		December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
2041		January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
2042	11.1067	
2043		April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
2044		January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
2045		September 1, 1986
2046		August 25, 1987 - Sec. 5, 6.011 and 12 (added)
2047		July 1, 1988
2048		March 4, 1992
2049		September 1, 1996
2050	EFFECTIVE DATE (ELECTRONIC CONVERSION):	July 1, 2000
2051	REPEALED AND REPLACED:	July 1, 2000
2052		July 1, 2003
2053		October 1, 2009
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5: PERSONNEL LICENSES

§1. Personnel licenses are issued for the following levels of care, in ascending order:

1. ~~First Responder~~Emergency Medical Responder (EMR)
2. Ambulance Attendant - No new licenses at this level issued after September 1, 1996
 - A. Effective July 1, 2014, Maine-EMS-licensed Ambulance Attendant licenses will convert to the Emergency Medical Responder level, maintaining the same expiration date as that of the Ambulance Attendant license it replaces.
- ~~2.3.~~ Emergency Medical Technician (EMT) - Basic (EMT-B)
- ~~3.4.~~ EMT-Intermediate (EMT-I)-Advanced Emergency Medical Technician (AEMT)
- ~~4.5.~~ EMT - Critical Care (EMT-CC) - No new licenses issued at this level after January 1, 1998.
 - A. Effective January 1, 2016, Maine-EMS-licensed Critical Care licenses will convert to the ~~Intermediate~~AEMT level, maintaining the same expiration date as that of the Critical Care license it replaces.
- ~~5.6.~~ EMT-Paramedic (EMT-P)

§2. Licensees may perform the following treatments:

1. **Basic Emergency Medical Treatment:** All licensed personnel may provide basic emergency medical treatment within the scope of their training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the Rules.
 - A. ~~First Responder~~Emergency Medical Responder A person licensed at the ~~First Responder~~Emergency Medical Responder level may operate without the supervision of another Maine EMS licensee at the scene of a medical emergency until such time that a person licensed above the ~~First Responder~~Emergency Medical Responder level arrives at the scene. Once on the scene, personnel licensed above the ~~First Responder~~Emergency Medical Responder level are responsible for

supervising ~~First Responder~~Emergency Medical Responder licensed personnel, who may not operate without such supervision.

Final patient immobilization for transport, patient loading, and patient care during transport must be directly supervised by personnel licensed above the ~~First Responder~~Emergency Medical Responder level. Any basic emergency medical treatments not contained in the current ~~First Responder~~Emergency Medical Responder course curriculum approved by Maine EMS may only be performed while assisting, and in the presence of personnel licensed above the ~~First Responder~~Emergency Medical Responder level.

One EMS provider licensed at or above the EMT-~~Basic~~ level must accompany the patient in the patient compartment of the ambulance during transport.

B. ~~EMT-Basic~~Emergency Medical Technician A person licensed at the EMT-~~B~~ level may, in addition to basic emergency medical treatment, provide the following skills or treatments, within the scope of their training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the Rules:

1. IV maintenance (non-medicated fluids).
2. Under direct supervision of an ~~EMT-Intermediate~~Advanced Emergency Medical Technician (AEMT) or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.
3. Assisting a patient in the administration of the patient's own medication.
4. Drug and medication administration, and procedures as approved by the Board and as allowed by Maine EMS protocol.

C. Additions For Emergency Medical Technicians With Certification As "Wilderness EMT"

Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of these Rules, may apply the principles for cardio-respiratory arrest, spinal injury, dislocations, and wounds taught in the course, when in the context of delayed/prolonged transport as defined in that course, and as consistent with Maine EMS protocols.

2. **Advanced Emergency Medical Treatment:** The following advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope of training as defined by Maine

EMS-approved curricula, as permitted by protocol and in accordance with this section of the Rules:

- A. ~~EMT-Intermediate~~Advanced Emergency Medical Technician (AEMT): All practices, skills and techniques authorized at the EMT-~~Basic~~ level, advanced life support airway - ~~endotracheal intubation~~Blind Insertion Airway Devices; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); ~~Magill forceps for foreign body airway obstruction~~; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol and other techniques and practices approved and published by the Board.
 - B. **EMT-Critical Care**: All practices, skills and techniques authorized at the ~~EMT-Intermediate~~Advanced Emergency Medical Technician (AEMT)-level; advanced life support airway-endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol and other techniques and practices approved and published by the Board.
 - C. ~~EMT-Paramedic~~: All practices, skills and techniques authorized at the ~~EMT-Critical-Care~~ Advanced Emergency Medical Technician (AEMT) level; advanced life support airway-endotracheal intubation; magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrostomy; and other techniques and practices approved and published by the Board.
 - D. **Paramedic Inter-Facility Transfer (PIFT)** In order to practice as a PIFT provider, a Maine licensed Paramedic must:
 1. Complete a Maine EMS approved PIFT provider course; and,
 2. Be affiliated with a Maine EMS licensed service that is approved by the Board to provide PIFT services.
3. A licensee may perform emergency medical treatment when:
- A. The licensee practices in accordance with Maine EMS Protocols.
 - B. The licensee acts with the approval of the ambulance crew member in charge of the call.

§3. Patient Care Report:

In addition to providing patient care, licensees are responsible for completing and submitting an electronic Maine EMS patient care report, as specified by Maine EMS, for each request for service, or for each patient when more than one patient is involved in a call. Reports will be submitted within one business day.

~~§3.~~§4. A license is valid for three years from the month of issuance unless otherwise specified in these Rules.

~~§4.~~§5. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

1. Provide proof of parental consent if the applicant is less than 18 years of age. No application for licensure by a person under 18 years of age will be approved unless the service(s) with which the applicant will be practicing emergency medical care submits and maintains a Maine EMS-approved plan for supervision. No one under the age of 16 may be licensed ~~or used on emergency medical calls by licensed services.~~

An applicant must be at least 18 years of age in order to be eligible for licensure above the EMT ~~Basic~~ level

2. Not have received a three-year Maine EMS license at the same level within the past year.
3. Be able to read, write, speak, and understand the English language.
4. Be physically capable of performing the practices included in the license level applied for, as described by the approved Maine EMS functional position description and as indicated by the ability to pass the appropriate state practical examination.

5. Submit the following to Maine EMS:

- A. A completed Maine EMS application signed by the applicant.
- B. Certification of Board-approved training or training judged by Maine EMS to be equivalent. If the training was completed more than a year prior to application, a license may be issued that is valid for three years from the month of the training completion date (or from the month of the required test if that preceded training completion). Board approved training includes:

1. A Board approved initial course at the appropriate level, or a course judged by Maine EMS to be equivalent.

2. ~~A~~ Board-approved ~~refresher course~~continuing education hours (CEH) at the appropriate level, or ~~a course~~continuing education hours judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than two years, or who submits a history of training which Maine EMS accepts as qualifying him/her to use ~~a refresher course~~continuing education hours for licensure; ~~or,~~

~~Continuing education hours (CEH):~~

- (a) The categories for CEH are:

Category 1 – Operations
 Category 2 – BLS Topics
 Category 3 – BLS Skills
 Category 4 – ALS Topics
 Category 5 – ALS Skills
 Category 6 – Electives
 Category 7 – Instructor Coordinator Recertification

- (b) CEH must be of the type and amount appropriate to the level ~~(or, for advanced EMT's Intermediate and Paramedic a combination of a Board-approved basic EMT refresher course and the advanced continuing education hours for the appropriate level)~~, and may be used to fulfill training requirements provided that:

- (i) The applicant's Maine license is current or not expired by more than two years; and

- (ii) Certificates of continuing education hours have not been used for a previous license renewal, and have been earned within the past three years. "Training completion date" for the purpose of setting a license expiration date will be the date of the most recently completed continuing education program, which is submitted for licensure.

- (c) Continuing education hours appropriate to each level are as follows:

- (i) ~~First Responder~~Emergency Medical Responder - 26 total hours: 4 hours in category 1; 8 hours in category 2; 8 hours in category 3; and 6 hours in category 6.
- (ii) Ambulance Attendant - 32 total hours: 6 hours in category 1; 10 hours in category 2; 8 hours in category 3; and 8 hours in category 6.
- (iii) EMT - 38 total hours: 8 hours in category 1; 12 hours in category 2; 8 hours in category 3; and 10 hours in category 6.

- (iv) ~~EMT-INTERMEDIATE~~ Advanced Emergency Medical Technician (AEMT) - 46 total hours: 8 hours in category 1; 6 hours in category 2; 4 hours in category 3; 16 hours in category 4; 4 hours in category 5; and 8 hours in category 6.
- (v) EMT-CRITICAL CARE - 52 total hours: 8 hours in category 1; 7 hours in category 2; 4 hours in category 3; 18 hours in category 4; 6 hours in category 5; and 9 hours in category 6.
- (vi) ~~EMT~~-PARAMEDIC - 58 total hours: 8 hours in category 1; 8 hours in category 2; 4 hours in category 3; 20 hours in category 4; 8 hours in category 5; and 10 hours in category 6.
- (vii) The above requirements for category 6 (electives) may be satisfied by completing CEH programs in that category or by utilizing excess CEH credit accumulated in Categories 1 – 5.

(d) Effective January 1, 2013, continuing education hour (CEH) categories will change to the categories listed below. All current CEH earned by a licensee prior to the January 1, 2013 categories change will convert to the new categories as indicated:

- (i) Category 1 - EMS Operations convert to Preparatory and Operations
- (ii) Category 2 – BLS Topics and Category 4 – ALS Topics convert to Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma or Obstetrics and Pediatrics, as applicable
- (iii) Category 3 – BLS Skills convert to BLS Psychomotor Skills
- (iv) Category 5 – ALS Skills convert to ALS Psychomotor Skills
- (v) Category 6 – Electives convert to Further Continuing Education.

(e) Concurrent with the CEH change on January 1, 2013, continuing education hours required for each level will be:

- (i) Emergency Medical Responder - 26 total hours: 4 hours in Preparatory and Operations; 8 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 6 hours in Further Continuing Education
- (+)(ii) Ambulance Attendant - 32 total hours: 6 hours in Preparatory and Operations; 10 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient

Assessment, Medical, Trauma and Obstetrics and Pediatrics; 8 hours in BLS Psychomotor Skills; and 8 hours in Further Continuing Education

(iii) EMT - 38 total hours: 8 hours in Preparatory and Operations; 12 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; ~~and~~ 8 hours in BLS Psychomotor Skills; and 10 hours in Further Continuing Education

(iv) Advanced Emergency Medical Technician (AEMT) - 46 total hours: 8 hours in Preparatory and Operations; 22 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education

~~(iii)~~(v) EMT-Critical Care - 52 total hours: 8 hours in Preparatory and Operations; 25 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; ~~and~~ 6 hours in ALS Psychomotor Skills and 9 hours in Further Continuing Education

(vi) Paramedic - 58 total hours: 8 hours in Preparatory and Operations; 28 hours total in any of the following categories - Airway, Breathing and Cardiac, Patient Assessment, Medical, Trauma and Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education

(f) Effective January 1, 2016, continuing education hour requirements will be:

(i) Emergency Medical Responder - 32 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 2 hours in Patient Assessment; 4 hours in Medical; 4 hours in Trauma; 4 hours in Obstetrics and Pediatrics; and 8 hours in BLS Psychomotor Skills.

(ii) EMT - 52 total hours consisting of: 2 hours in Preparatory and Operations; 8 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 8 hours in BLS

Psychomotor Skills; and 8 hours in Further Continuing Education

(iii) Advanced Emergency Medical Technician (AEMT)– 56 total hours consisting of: 2 hours in Preparatory and Operations; 12 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 8 hours in Medical; 6 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 4 hours in ALS Psychomotor Skills; and 8 hours in Further Continuing Education.

(iv) Paramedic - 72 total hours consisting of: 2 hours in Preparatory and Operations; 16 hours in Airway, Breathing and Cardiac; 4 hours in Patient Assessment; 12 hours in Medical; 8 hours in Trauma; 8 hours in Obstetrics and Pediatrics; 4 hours in BLS Psychomotor Skills; 8 hours in ALS Psychomotor Skills; and 10 hours in Further Continuing Education

(g) Further Continuing Education as identified in the aforementioned CEH requirements is not a category, but represents additional training in categories 1-5. Category 7 CEH is not considered Further Continuing Education for purposes of this Chapter.

(h) Nationally standardized training programs may be awarded continuing education hours, which will be credited to an applicant for relicensure when that applicant provides proof of current certification at the time of application. Current certification is determined by definition of the national sponsor of the training program.

(e)(i) In lieu of the license renewal continuing education hour requirements of this Chapter, an applicant may submit a current certification card at the license level being renewed from a national EMS certifying entity approved by the Board. Unless Maine EMS determines otherwise, a license renewal based upon a national EMS certifying entity certification shall carry an expiration that is concurrent with the applicant's national EMS certifying entity certification's expiration date.

C. Board-approved testing certification: ~~which may be:~~

1. An applicant must demonstrate successful completion of a Board approved cognitive exam and practical skills evaluation - at the license level being sought - within three years of the application date, except that an applicant is not required to submit testing certification as part of the license application process if:

a. An applicant, whose Maine EMS license has expired within two years prior to the application date is applying for a new or renewed license at the license level held within the aforementioned two year period; or,

b. An applicant is determined by Maine EMS to be eligible to license based upon a current certification or license from another state or territory; or,

~~a.c.~~ An applicant is determined by Maine EMS to be eligible to license based upon current certification from a national EMS certifying entity.

~~2. For those requesting initial licensure at the level applied for, a written (cognitive) test and practical (psychomotor) evaluation of emergency medical treatment skills within the past year. For purposes of paragraph 1, above, If~~
the test is more than a year old, a license may be issued which is valid for three years from the month of the test (or from the month of the required training course if that precedes the test). When practical and written portions of the test are completed in different months, the test date will be the month the first test was completed.

D. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.

E. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

~~§5.~~ §6. License Expiration and Renewal

1. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Licensees whose licenses have lapsed as of the expiration date cannot provide emergency medical treatment until a renewed license has been issued.

3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

September 1, 1986

August 25, 1987 - Sec. 5, 6.011 and 12 (added)

July 1, 1988

March 4, 1992

September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000

July 1, 2003

October 1, 2009

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER LICENSURE

§1. Except as provided for in these Rules, ~~No~~ no person shall provide emergency medical dispatch services unless the person is licensed as an Emergency Medical Dispatcher by the Board in accordance with 32 M.R.S.A. § 85-A and these Rules.

§2. The type of license issued under this chapter is for an “Emergency Medical Dispatcher.”

§3. Scope of Practice

1. An Emergency Medical Dispatcher may provide emergency medical dispatching in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System, within the scope of the dispatcher’s Maine EMS-approved training and in accordance with 32 M.R.S.A. § 85-A and these Rules.
2. An Emergency Medical Dispatcher may perform emergency medical dispatching services when the Dispatcher:
 - A. Holds a current Emergency Medical Dispatcher license issued by the Board;
 - B. Is employed by and acts with the approval of an Emergency Medical Dispatch Center licensed by the Board in accordance with 32 M.R.S.A. § 85-A and these Rules;
 - C. Practices in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and in accordance with 32 M.R.S.A. § 85-A and these Rules;

§4. License

1. A license issued by the Board under this chapter is valid for ~~two years~~twenty-four months from the month of issuance unless earlier suspended or revoked or as otherwise specified in these Rules.
 - A. The Board may issue a license valid for twenty-seven months in order to ensure that the applicant’s license expiration date occurs three months after the applicant’s training certification expiration from the entity that provides the Board approved statewide emergency medical dispatch protocols. Once the three month separation is established, the license issued will be for a period of twenty-four months, unless the Board

determines that a license issued for a shorter period of time is in the best interests of the system.

2. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:
 - A. Be at least 18 years of age on the date of application;
 - B. Not have received a two-year Maine EMS Emergency Medical Dispatcher license within the past year;
 - C. Be capable of performing emergency medical dispatch services, as described by the approved Maine EMS Emergency Medical Dispatcher Functional Position Description;
 - D. Be employed by a Maine licensed Emergency Medical Dispatch Center; and
 - E. Submit the following to Maine EMS:
 1. A completed Maine EMS application.
 2. Current training certification from the entity that provides the Board approved statewide emergency medical dispatch protocols.
 - (a) A current training certification or recertification cannot be used more than one time to fulfill Maine EMS Emergency Medical Dispatcher training requirements for a new or renewal license.
 - (b) If a training certification or recertification was completed more than a year prior to application, a license may be issued that is valid for two years from the certification month.
 - ~~(c) Prior to July 1, 2010, applicants for license renewal may also meet renewal training requirements by submitting a Board approved refresher course at the appropriate level, or a course judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than two years, or twenty-four (24) of Maine EMS approved continuing education hours (CEH). The categories and required amounts for Emergency Medical Dispatcher CEH are:~~
 - ~~(i) Category 8—EMD Operations—4 hours~~
 - ~~(ii) Category 2—BLS Topics—8 hours~~
 - ~~(iii) Category 9—EMD Crisis Communications—6 hours~~

~~(iv) Category 10 EMD Special Needs 6 hours~~

~~(d) Maine EMS approved CEH may be used to fulfill training requirements provided that:~~

~~(i) The applicant's Maine Emergency Medical Dispatcher license is current or not expired by more than two years and;~~

~~(ii) Continuing education hours have not been used for a previous license renewal, and have been earned within the past two years.~~

~~(iii) Current Maine EMS approved Cardiopulmonary Resuscitation (CPR) certification is submitted as part of the CEH submission.~~

3. Board-approved testing in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System.
4. A complete history of criminal convictions, as well as civil infractions involving alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
5. A complete history of any action taken against any emergency medical dispatch certification or license or other professional certification or license that the applicant currently holds or has ever held.

§5. License Expiration and Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Emergency Medical Dispatchers whose licenses have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

§6. Transition to Statewide Emergency Medical Dispatch Protocol

1. As of July 1, 2010, Maine EMS licensed Emergency Medical Dispatchers must be certified by the entity selected to provide the Board-approved statewide Emergency Medical Dispatch protocol.

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2628

2629 AUTHORITY: 32 M.R.S.A. 84, § 85-A, 88

2630

2631 EFFECTIVE DATE: September 1, 2006 (New)

2632 REPEALED AND REPLACED: October 1, 2009

2633 16 DEPARTMENT OF PUBLIC SAFETY

2634
2635 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

2636
2637 CHAPTER 6: ADVANCED LIFE SUPPORT DRUGS AND MEDICATIONS

2638
2639 §1. GENERAL

- 2640
2641 1. For the purpose of this Section, "drugs and medications" include only those
2642 substances used in the delivery of Advanced Emergency Medical Treatment
2643 consistent with Maine EMS Protocol. Maine EMS will maintain a list of
2644 approved drugs and medications and will revise and publish the list when
2645 changes in protocol dictate.
2646
2647 2. A service authorized by Board license or permit to handle drugs or medications
2648 shall use as the source of drugs and medications a single hospital that has a
2649 pharmacy, several hospitals with either individual or central supply points, or
2650 some other source approved by the Board. The system of drugs and medications
2651 distribution will be overseen by a responsible pharmacist, or by a regional
2652 medical director or his/her physician designee.
2653
2654 3. A service authorized by Board license or permit to handle drugs or medications
2655 shall operate consistent with these Rules except when an alternative system for
2656 the supply, storage, and logging of drugs and medications has been approved by
2657 a responsible pharmacist, by the regional medical director, and by Maine EMS.
2658 Under any such system, all drugs and medications shall be properly stored with
2659 provision for climate control.
2660
2661 ~~3.~~4. Any instances of missing drugs or medications must be reported to Maine EMS
2662 as soon as possible. A full report of the service's investigation of the missing
2663 drugs and any action the service may have taken regarding the incident must be
2664 sent to MEMS as soon as it is complete.
2665
2666

2667 §2. STORING DRUGS AND MEDICATIONS

- 2668
2669 1. All drugs and medications must be stored in packaging as dispensed and labeled
2670 by a pharmacy.
2671
2672 2. All drugs and medications shall be properly stored with provision for reasonable
2673 climate control.
2674
2675 3. Unless otherwise approved by the Board, all drugs and medications must be
2676 secured in a storage box. The box must be secured with a one-time, pharmacy-
2677 type, numbered seal applied and recorded by an authorized representative of the

hospital. The box must have a label attached indicating the name of the earliest expiring item and its expiration date.

4. A drug/medication log for each vehicle (or, in the case of a non-transporting service, for each drug box) must be kept by the service indicating:
 - A. Date the service received the storage box with new seals.
 - B. Seal numbers (old and new) whenever seal is broken and replaced.
 - C. Use and disposal of drugs/medications including applicable Maine EMS patient/run record number.
 - D. Legible signature and license number of person making the log entry.
 - E. To ensure that drugs and medications have not expired or been tampered with, the integrity of the seal and the expiration date must be checked at least weekly and recorded in the drug/medication log. Any service utilizing only one licensee authorized to treat with drugs and medications will insure that this check of seal integrity is carried out by an authorized official of the service other than this licensee.
 - F. The drug/medication log will be checked at the annual service inspection, or as requested by the Board. Services shall maintain drug/medication logs for a minimum of 5 years.
 - G. A service authorized by Board license or permit to handle drugs or medications and which elects to store those drugs that have been approved by the Board to be stored outside of the sealed drug box, shall comply with these Rules as applicable and any criteria approved and published by the Board.

§3. PRESCRIBING, ORDERING, AND RECORDING

The administration of drugs to a patient shall be determined by applicable protocols and recorded on the run report.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and

11.1067

2724	April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
2725	January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
2726	September 1, 1986
2727	August 25, 1987 - Sec. 5, 6.011 and 12 (added)
2728	July 1, 1988
2729	March 4, 1992
2730	September 1, 1996
2731	EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
2732	REPEALED AND REPLACED: July 1, 2000
2733	July 1, 2003
2734	October 1, 2009

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS
USED FOR LICENSURE

§1. Training Courses

1. [Training courses must be conducted in accordance with the Board-approved Training Center Standards.](#)
2. The following training courses are approved for licensure at the indicated levels:
 - A. ~~First Responder~~[Emergency Medical Responder \(EMR\)](#):
 1. For initial licensure at the ~~First Responder~~[Emergency Medical Responder](#) level - A Maine EMS ~~First Responder~~[Emergency Medical Responder](#) Course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training.
 2. For renewal at the ~~First Responder~~[Emergency Medical Responder](#) level - A Maine EMS EMT-~~Basic~~, ~~First Responder~~[Emergency Medical Responder](#) course or ~~refresher course~~, or any other course which is approved by the Board as including all of the required objectives for this training.
 - B. Ambulance Attendant:
 1. ~~For renewal at the Ambulance Attendant level - A Maine EMS EMT-Basic or First Responder~~ [Emergency Medical Responder](#) course, or any other course which is approved by the Board as including all of the required objectives for this training.
 - C. EMT-~~Basic~~:
 1. For initial licensure at the EMT-~~Basic~~ level:
 - (a) A Maine EMS EMT-~~Basic~~ course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training; or
 - (b) A Board-approved EMT bridge course for physicians, physician assistants, nurses, and other licensed/certified allied health care

professionals who receive permission from Maine EMS to use this course for licensure; or

(c) A Board-approved bridge course for ~~First Responder~~Emergency Medical Responders, ~~or Ambulance Attendants~~.

2. For renewal at the EMT-~~Basic~~ level - ~~A~~ Maine EMS ~~EMT-Basic refresher course~~continuing education or any other continuing education program or course that is approved by the Board as containing all of the objectives required for this training.

D. ~~Intermediate~~Advanced Emergency Medical Technician, Critical Care, Paramedic

1. For initial licensure at the ~~Intermediate~~ Advanced Emergency Medical Technician or Paramedic level:

(a) An original course of training for students who have met the training requirements for licensure as an advanced EMT which is approved by the Board as including all of the objectives required for the level for which licensure will be sought; or

(b) Bridge courses for persons who have met the training requirements for licensure as an advanced EMT which are approved by the Board as including all of the objectives required to bridge the particular levels; or

(c) Any other course of training that is approved by the Board as including the objectives required for the particular level of training.

2. For renewal at the ~~Intermediate~~AEMT, ~~Critical Care~~, or Paramedic level - ~~A combined basic/advanced refresher~~Maine EMS continuing education or any other continuing education program or course of training that is approved by the Board as including all of the objectives for the particular level.

E. Any course (not including continuing education hour programs) leading to certification for EMS provider licensure must be supervised by an instructor/coordinator licensed by Maine EMS for that particular level and must be approved by a Maine EMS Training Center. Out-of-state courses and certifications will be judged on a case-by-case basis using a comparison of Maine EMS approved curricula.

F. Applicants to conduct courses leading to certification for EMS provider licensure must comply with the requirements for conducting courses as approved and published by Maine EMS.

~~G. Effective January 1, 2010 applicants to conduct courses leading to EMS provider licensure must be a Training Center.~~

~~H. Refresher courses for relicensure must have a final evaluation that will be the responsibility of the instructor/coordinator to supervise.~~

~~I.~~ G. Candidates must meet the training requirements for licensure at the level from which the course starts.

§2. EMS Continuing Education Programs

1. A program held in Maine or out of state may be approved for continuing education hours (CEH) if it meets the following conditions:
 - A. The sponsor must apply before the program is to begin. Only under unusual circumstances, such as those set forth in Chapter 13 §§2.1 – 5, of these Rules, may continuing education hour courses be approved after they have occurred;
 - B. The topics to be taught must be relevant to EMS;
 - C. The instructor must be qualified to instruct the topic;
 - D. The sponsor must make known to the students those requirements the students must meet in order to receive attendance certification;
 - E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and license numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;
 - F. The program must be open to all EMS providers unless otherwise specifically approved by the approver; and
 - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.
2. Maine EMS may grant continuing education hours for programs offered through professional journals, audio and visual media, teleconferencing, the Internet, and other forms of distributive learning, or for other educational programs not described in this Chapter. For Maine EMS to consider granting CEH approval the applicant must submit to Maine EMS:

- A. An outline and description of the program, to include program handouts;
 - B. The name and address of the program sponsor;
 - C. The names of any EMS agencies granting the program continuing education hours;
 - D. A contact name and telephone number for attendance verification;
 - E. A program completion certificate, or equivalent;
 - F. If applicable, approval from the Continuing Education Coordinating Board for EMS (CECBEMS).
 - G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a knowledge test in order to receive a program completion certificate.
3. When Maine EMS, or its delegate, approves a specific program content and instructor for continuing education hours, and has not rescinded such approval, subsequent applications by the instructor for that program will be approved without further review if there are no significant changes in program content or faculty.
 4. Maine EMS may delegate approval of in-state continuing education programs, pursuant to these Rules, to regional councils or a [Maine EMS approved](#) Training Center provided that they maintain a system for assuring high quality programs and provide such program information in a timely manner as requested by Maine EMS.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
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 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
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2921		July 1, 2003
2922		October 1, 2009

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 8-A: TRAINING CENTERS

§1. A provider of emergency medical services education and training in Maine must be authorized by the Board in accordance with 32 M.R.S.A. §88(2)(D) and these Rules.

§2. Authorization Factors – The authorization issued under this chapter is for a Training Center

1. Ownership

Upon request of the Board, an applicant or authorized Training Center must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the authorization. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

An authorization is issued for a specific physical address or location.

§3. Change in Authorization Factors.

A Training Center must receive Board approval to change any of the authorization factors.

§4. Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization. To obtain new authorization, a Training Center applicant must:

A. Apply in a format prescribed by Maine EMS; and

B. Demonstrate to Maine EMS that:

1. The applicant complies with the requirements of 32 M.R.S.A. §88(2)(D), the Rules, and the Board-approved Training Center Standards;

2. A Training Center Authorization is issued for a period of 60 months unless earlier suspended or revoked. An authorization may be issued for a shorter period of time if approved by the Board.

3. A Training Center must demonstrate ongoing compliance with these Rules and the Training Center Standards in order to maintain its authorization.

§5. Renewal

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for authorization.
2. A Training Center may apply for a renewal authorization for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. A Training Center with an expired authorization cannot provide education and training courses pursuant to the Training Center Standards. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
3. In order to obtain an authorization renewal, a Training Center must:

A. Apply electronically or by mail; and

B. Demonstrate, as may be required by Maine EMS, that it meets the licensing requirements of 32 M.R.S.A. §88(2)(D), these Rules and the Training Center Standards.

§6. Termination of Training Center Authorization

- Any Training Center intending to terminate its operations must make written notification to Maine EMS at least 30 days prior to the termination date.

AUTHORITY: 32 M.R.S.A. §88

EFFECTIVE DATE: (NEW)

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 9: INSTRUCTOR COORDINATOR LICENSE

§1. Licenses are issued for the following levels of Instructor Coordinators (I/C):

1. I/C- ~~Basic Life Support (BLS)~~-~~EMT~~ a person licensed at the I/C ~~BLS-EMT~~ level may act as the lead instructor in courses leading to licensure at the ~~First Responder~~Emergency Medical Responder,~~Ambulance Attendant~~ and EMT - ~~Basic~~ license levels.
2. I/C- ~~Intermediate~~Advanced Emergency Medical Technician (AEMT) - a person licensed at the I/C - ~~Intermediate~~AEMT level may act as the lead instructor in courses leading to licensure at the ~~First Responder~~Emergency Medical Responder, ~~Ambulance Attendant~~, EMT-~~Basic~~ and ~~EMT-Intermediate~~Advanced Emergency Medical Technician (AEMT) license levels.
3. I/C- Paramedic - a person licensed at the I/C- Paramedic level may act as the lead instructor in courses leading to licensure at the ~~First Responder~~Emergency Medical Responder, ~~Ambulance Attendant~~, EMT-~~Basic~~, ~~EMT-Intermediate~~Advanced Emergency Medical Technician (AEMT), ~~EMT-Critical Care~~, and ~~EMT~~-Paramedic license levels.

§2. Licensed Instructor Coordinators are responsible for EMS licensure program criteria as approved by the Board. Instructor Coordinator licenses are valid for a period of three years, or as otherwise determined by Maine EMS.

§3. To obtain and maintain a new or renewed Instructor Coordinator license, the applicant must:

1. Be at least 18 years of age.
2. Be able to write, speak, and understand the English language.
3. Possess 3 years experience in emergency ~~or critical care~~ medicine at the level for which they are applying.
4. Submit the following to Maine EMS:
 - A. A completed Maine EMS Instructor Coordinator application signed by the applicant.
 - B. Proof of education consistent with current Maine EMS ~~curriculum~~Education Standards at the:

1. EMT-~~Basic~~ level, if applying for an I/C-~~BLS~~ EMT license.
 2. ~~EMT-Intermediate~~ Advanced Emergency Medical Technician (AEMT) level, if applying for an I/C – ~~Intermediate~~ AEMT license.
 3. ~~EMT~~-Paramedic level, if applying for an I/C – Paramedic license.
- C. Training Certification, which may be:
1. A Board-approved instructor coordinator training program completed within three years of license application at the appropriate level taught by a Maine EMS licensed I/C following the guidelines set forth by the Training Center or a program judged by Maine EMS to be equivalent; or,
 2. For licensees whose Maine Instructor Coordinator license is current or not expired by more than two years - Maine EMS-approved continuing education hours - 24 hours in category 7, Instructor Coordinator Recertification - specifically designed to address educational issues and approved by Maine EMS, provided that:
 - (a) Certificates of continuing education hours have not been used for a previous license renewal and have been earned within the past three years.
 - (b) No more than 6 hours of continuing education received by the applicant for instructing Maine EMS licensing courses may be used towards fulfilling relicensure requirements.
- D. A complete history of criminal convictions as well as civil infractions for alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
- E. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

§5. License Expiration and Renewal

1. A Licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may apply for a renewal license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license.

Licensees whose licenses have lapsed as of the expiration date cannot provide instruction in any class leading to licensure until a renewed license has been issued.

3. An application submitted more than ninety (90) days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

~~The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensed Instructor Coordinator engages, or attempts to engage in any of the following conduct:~~

~~F. Obtaining a license by fraud, by deceit, by misrepresentation, or by concealing material facts.~~

~~G. Violating a lawful order, regulation, or rule of the Board.~~

~~H. Violating any of the provisions of 32 MRSA, Chapter 2-B.~~

~~I. Any criminal conduct or conviction, subject to the limitations of Maine statute.~~

~~J. Acting in ways that are dangerous or injurious to the public.~~

~~K. Acting unprofessionally. Unprofessional conduct includes:~~

~~(a) Renting or lending a license to another person.~~

~~(b) Addiction to a drug, including alcohol, or instructing while under the influence of drugs or other substances, whether or not the use of such substances is habitual.~~

~~(c) Obtaining a fee by fraud or misrepresentation.~~

~~(d) Failure to provide program or course documentation when required or requested by Maine EMS.~~

~~L. Incompetent practice. A licensed Instructor Coordinator shall be deemed incompetent in the practice if the instructor has:~~

~~1. Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the Instructor to a client or student; or~~

~~2. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the instruction for which he or she is licensed.~~

- ~~M. Losing certification or license, when the certification or license is a necessary condition of licensure as an Instructor Coordinator. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his or her Maine license if the other state revoked his or her certification or license.~~
- ~~N. Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.~~
- ~~O. Selling, bartering, or offering to sell or loan a license.~~
- ~~P. Purchasing or procuring by bartering, a license with intent to use it as evidence of the holder's qualification as an Instructor Coordinator.~~
- ~~Q. Altering a license or procuring a license by falsifying documents or course cards.~~
- ~~R. Using or attempting to use as a valid license a license that has been purchased, fraudulently obtained, counterfeited, or materially altered.~~
- ~~S. Willfully making a false statement in an application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for license.~~
- ~~T. Providing instruction at a level for which a person or training entity is not licensed to provide.~~
- ~~U. The practice of fraud or deceit in connection with service rendered within the scope of the license issued.~~
- ~~V. Habitual intemperance in the use of narcotic, hypnotic, alcohol, or other substances, the use of which has resulted or may result in the Instructor Coordinator performing his or her duties in a manner that endangers the health or safety of his or her students.~~
- ~~W. A professional diagnosis of a mental or physical condition that has resulted or may result in the Instructor Coordinator performing his or her duties in a manner that endangers the health or safety of his or her students.~~
- ~~8. Disciplinary action and appeals procedures shall be in accordance with Chapter 12 of these Rules.~~

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

3186 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
3187
3188 AMENDED: April 1, 1982
3189 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
3190 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
3191 11.1067
3192 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
3193 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
3194 September 1, 1986
3195 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
3196 July 1, 1988
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3201 July 1, 2003
3202 October 1, 2009
3203

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

§1. Emergency Medical Dispatch Training Courses

1. Training courses for certification leading to licensure or relicensure as a Maine Emergency Medical Dispatcher must meet the requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.
2. Applicants to conduct courses leading to Emergency Medical Dispatcher licensure must comply with requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

§2. Emergency Medical Dispatch Instructors

Any course leading to certification for licensure must be supervised by an instructor that meets the requirements set forth in the Maine EMS approved Emergency Medical Dispatch Priority Reference System.

§3. Emergency Medical Dispatcher Continuing Education Programs

1. Emergency Medical Dispatcher continuing education training programs shall be conducted in accordance with the requirements of the Maine EMS Board-approved certifying entity.
2. The Board may require specific continuing education programs for Maine licensed Emergency Medical Dispatchers, based upon an educational or training need identified by Maine EMS.
3. A program held in Maine or out of state may be approved for the Emergency Medical Dispatcher continuing education hours (CEH) pursuant to these Rules if it meets the following conditions:
 - A. The sponsor must apply before the program begins. Only under unusual circumstances, such as those set forth in Chapter 13 §2.1 – 5 of these Rules, may continuing education hour courses be approved after the courses have been conducted;
 - B. The topics to be taught must be relevant to Emergency Medical Dispatchers;

- C. The instructor must be qualified by education, training, and experience to instruct the topic;
 - D. The sponsor must advise the students of requirements the students must meet in order to receive an attendance certificate;
 - E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and certificate numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;
 - F. The program must be open to all Emergency Medical Dispatchers unless otherwise specifically approved by the approver; and
 - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.
4. Maine EMS may grant Emergency Medical Dispatchers continuing education hours, required by the Rules for programs offered through professional journals, audio and visual media, teleconferencing, the Internet and other forms of distributive learning, or for other educational programs not described in this Chapter. To receive approval the applicant must submit to Maine EMS:
- A. An outline and description of the program, including program handouts;
 - B. The name and address of the program sponsor;
 - C. The names of any agencies granting the program continuing education hours, to the extent known;
 - D. A contact name and telephone number for attendance verification;
 - E. A program completion certificate, or equivalent;
 - F. If applicable, approval from the Continuing Education Coordinating Board for EMS (CECBEMS).
 - G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a test in order to receive a program completion certificate.

CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS

- 3294 5. When Maine EMS, or its delegate, approves specific program content and
3295 instructor for Emergency Medical Dispatcher continuing education hours that
3296 are used to fulfill the requirements of Chapter 5-A ~~§ 4.3.D.2(b)~~ and has not
3297 rescinded such approval, subsequent applications by the instructor for that
3298 program will be approved without further review if there are no changes in
3299 program content or faculty.
3300
- 3301 6. Maine EMS may delegate approval of in-state continuing education programs.
3302 The entity or person delegated to approve in-state continuing education
3303 programs must maintain a system substantially equivalent to or stricter than the
3304 continuing education approval requirements included in these Rules. The
3305 delegated approver will ensure high quality programs and will provide program
3306 information in a timely manner as requested by Maine EMS.
3307

3308 AUTHORITY: 32 M.R.S.A. § 84, 85-A, 88
3309

3310 EFFECTIVE DATE: September 1, 2006 (New)

3311 REPEALED AND REPLACED: October 1, 2009
3312
3313

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

**CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR
RENEW, A LICENSE, AND FOR MODIFYING, SUSPENDING, OR
REVOKING A LICENSE**

§1. The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensee engages, or attempts to engage in any of the following, which shall be considered unprofessional conduct:

1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
2. Violating a lawful order, rule or consent agreement of the Board.
3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.
4. Any criminal conviction, subject to the limitations of Maine statute.
5. Acting in ways that are dangerous or injurious to the licensee or other persons.
6. Renting, selling, bartering or lending a license to another person.
7. Addiction to a drug, including alcohol or responding to the scene of a call while under the influence of drugs, whether or not the use of such substances is habitual.
8. Initiating the transport of a person, knowing that the person does not need to be transported, or treating a person knowing the person does not need to be treated, when the primary purpose of the action is to collect a fee or charge.
9. Obtaining a fee by fraud, deceit or misrepresentation.
10. Responding to the scene of an accident or incident to which the licensee has not been dispatched, when there is reason to believe that another licensee has been or will be called to that scene, and refusing to turn over the care of the patient to the responsible service when it arrives.
11. Failing to provide patient information to a hospital or other health care facility in response to an authorized request.
12. Disclosing or causing to be disclosed confidential patient information to an unauthorized person or using confidential patient information for personal or unauthorized financial benefit.

13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.

Possession of a useable amount of marijuana in violation of 22 M.R.S.A § 2383 is not considered a minor civil violation.

14. Violation of any standard established in the profession.
15. Inaccurate recording of material information, or falsifying or improperly altering a patient or healthcare provider record.
16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
17. Diverting drugs, supplies or property of patients, patient's families, [services](#), or healthcare providers.
18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or supplies to any person, including one's self, except as directed by a person authorized by law to prescribe such items.
19. Impersonating another licensed practitioner.
20. Impersonating any applicant or licensee, or acting as proxy for the applicant or licensee in any licensing exam.
21. Acting negligently or neglectfully when caring for or treating a patient.
22. Incompetent practice. A licensee or applicant shall be deemed incompetent in the practice if the licensee or applicant has:
- A. Engaged in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client, patient, [student](#) or the general public; or
 - B. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice [or instruction](#) for which he/[she](#) is licensed, [or for which a Training Center is authorized](#).
23. Losing certification [or license](#), when the certification [or license](#) is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of

training obtained in another state would lose his Maine license if the other state
revoked his or her certification or license.

24. Acting negligently or neglectfully in conducting an ambulance service.

~~24.~~25. Acting negligently or neglectfully in conducting a Maine EMS continuing
education program or licensure program.

~~25.~~26. Altering or falsifying a license or documents for a course card or
certificate.

~~26.~~27. Operating an ambulance or EMS vehicle that is not licensed or authorized
by the Board.

~~27.~~28. Using or attempting to use as a valid license one that has been purchased,
counterfeited materially altered, or obtained by fraud, deceit or
misrepresentation.

~~28.~~29. Transferring a license from one vehicle to another without the consent of
the Board.

~~29.~~30. Willfully making a false statement in application for a license or renewal
of a license, or in any activity or documents intended to be used to satisfy a
requirement for licensure.

~~30.~~31. Providing treatment at a level for which a person is not licensed or for
which a service is not licensed or permitted.

~~31.~~32. The practice of fraud or deceit in connection with service rendered within
the scope of the license issued.

~~32.~~33. Habitual intemperance in the use of drugs, including alcohol, or other
substances, the use of which has resulted or may result in the licensee
performing his or her duties in a manner that endangers the health or safety of
his or her patients or students.

~~33.~~34. A professional diagnosis of a mental or physical condition that has
resulted or may result in the licensee performing his or her duties in a manner
that endangers the health or safety of his or her patients or students.

~~34.~~35. Aiding the practice of emergency medical treatment by a person not duly
licensed under 32 M.R.S.A., Chapter 2-B.

~~35.~~36. Delegation of practice, skills, ~~or~~ treatment or educational instruction to a
person who is not licensed or qualified to perform said practice, skills or
treatment.

- ~~36.37.~~ 37.38. Abandonment or neglect of a patient requiring emergency medical treatment.
- ~~37.38.~~ 38.39. Causing physical or emotional injury to a patient in violation of the applicable standard of care.
- ~~38.39.~~ 39.40. Failing to safeguard the patient's dignity and right to privacy in providing services regardless of race, creed, color, sexual orientation, gender or socio-economic status.
40. Sexual misconduct as defined in Chapter 14 of these Rules.
41. Providing instruction at a level for which a person is not licensed.
42. Providing instruction at a level for which a Training eCenter is not authorized or licensed to provide.
43. Aiding or abetting the practice of instruction by a person not duly licensed as a Maine EMS Instructor Coordinator, when a licensed Instructor Coordinator is required.
44. Violating any of the requirements of the Training Center Standards.
45. Failure to provide program or course documentation when required or requested by Maine EMS.
- ~~39. Violation of any other standard established in the profession.~~

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
September 1, 1986
August 25, 1987 - Sec. 5, 6.011 and 12 (added)
July 1, 1988
March 4, 1992
September 1, 1996

**CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE**

3498 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
3499 REPEALED AND REPLACED: July 1, 2000
3500 July 1, 2003

16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS

§1. Composition of Councils

1. A Regional Council shall, at least, provide adequate representation for ambulance and rescue services, emergency physician and nurses, each hospital and the general public. A Regional Council shall be structured to adequately represent each geographical part of its region. Regional Councils will identify and publicize names of representatives and their constituencies in order that constituents are able to effectively communicate with their representatives.

§2. Regional Council Activities

1. Only one Regional Council shall be recognized in any region. Any organization proposing to serve, as a Regional Council must state this intention in writing delivered to Maine EMS no later than 120 days before the start of the fiscal year in which the contract is to be written. The Board will select the organization which best demonstrates an ability to carry out those functions specified in the service contract for the upcoming fiscal year. The Board will then negotiate a price for carrying out the service contract with the organization selected to be the Regional Council. The Board may elect to enter into a 2 year contract consistent with the biennial budget process.
2. Regional Council activities specified in the service contract will include, but are not limited to those activities listed in 32 M.R.S.A., Chapter 2-B, §89. By December 31, following the year the contract was in effect, each Regional Council will submit to Maine EMS a final report for the previous fiscal year detailing its performance in carrying out the provisions of the service contract, and which includes an independently prepared financial report. Maine EMS will use financial reports for the purpose of monitoring the general activities of each Council and for setting reasonable prices for future service contracts. Because Regional Councils depend largely on Maine EMS for operational revenue, Maine EMS will endeavor to maintain a schedule of payments to the Region that provides operational funds in advance of the period in which the funds will be employed. Any regional personnel handling the disbursement of its funds shall be bonded at a minimum of \$10,000.

§3. Designation of Regions

1. ~~A city, town, township or territory shall be part of a Region as determined by the initial hospital destination of a simple majority of patients from said city, town, township or territory as follows:~~The Board shall delineate regions within the State in accordance with 32 M.R.S.A. Chapter 2-B §89(1).

~~A. Region I: New England Rehabilitation Hospital, York Hospital, H.D. Goodall Hospital, Southern Maine Medical Center, Maine Medical Center, Mercy Hospital, Bridgton Hospital, Mid-Coast Hospital—Brunswick, Parkview Hospital.~~

~~B. Region II: Central Maine Medical Center, St. Mary's Regional Medical Center, Stephens Memorial Hospital, Rumford Hospital, Franklin Memorial Hospital.~~

~~C. Region III: Maine General Medical Center—Augusta, Maine General Medical Center—Waterville, Inland Hospital, Redington Fairview General Hospital, Sebasticook Valley Hospital, Jackman Region Health Center.~~

~~D. Region IV: Eastern Maine Medical Center, St. Joseph Hospital, Mayo Regional Hospital, C.A. Dean Memorial Hospital, Penobscot Valley Hospital, Blue Hill Memorial Hospital, Maine Coast Memorial, Mount Desert Island Hospital, Down East Community Hospital, Calais Regional Hospital, Millinocket Regional Hospital, The Acadia Hospital.~~

~~E. Region V: Northern Maine Medical Center, Cary Medical Center, The Aroostook Medical Center, Houlton Regional Hospital.~~

~~F. Region VI: Miles Memorial Hospital, St. Andrews Hospital, Penobscot Bay Medical Center, Waldo County General Hospital, Island Community Medical Center—Vinalhaven.~~

2. Service affiliation with Regions.

A. Services that respond only to cities, towns, townships, and territories within a single region will be affiliated with that region.

B. Services that respond to cities, towns, townships and territories in more than one region will be affiliated with the region as determined by the initial hospital destination of a simple majority of the patients treated by the service as defined in §3.1 of this chapter.

3. Changes to Service affiliation within Regional designations are made by Maine EMS when they are approved by the Board and published in a document distributed to all service chiefs. The Board will seek advice from the services and regional councils affected regarding any disruption of patient service or EMS system caused by the proposed change in designation.

§4. Medical Control and Delegation

1. Regional Medical Directors acting within the provision of these Rules and 32 M.R.S.A. Chapter 2-B are agents of Maine EMS. Regional Medical Directors may designate, with the approval of Maine EMS, licensed and qualified physicians to serve as their assistants in carrying out these provisions. These assistants will similarly be considered agents of Maine EMS.
2. A Regional Medical Director may impose conditions upon a licensee's ability to practice in that Director's region with the licensee's consent. In all cases, the Regional Medical Director must inform Maine EMS of this action as soon as possible and forward to Maine EMS a copy of the executed agreement. If a Regional Medical Director wishes to take action to modify a licensee's ability to practice at his or her license level or modify approval to practice and the licensee does not consent to the modification, the Regional Medical Director will immediately inform Maine EMS.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
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16 DEPARTMENT OF PUBLIC SAFETY

163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
EMS RADIO FREQUENCIES

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made.

§1. Equipment list for Non -Transporting Services

1. A non transporting service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.

A. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

B. The Equipment list for Non-Transporting Services follows:

1. 4 Airways, Oral - One each of sizes: Large adult; adult; child; infant.

~~4.2.4~~ 2.4 Airways, Nasal – One each of sizes; Large adult; adult; child; infant.

~~2.3.1~~ 3.1 Aluminum foil – 18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "space blanket".

~~3.4.1~~ 4.1 Aspirator, Small Bulb.

~~4.5.1~~ 5.1 Automatic External Defibrillator (AED) – Must be a semi – automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads. ~~(Required for services licensed at First Responder Emergency Medical Responder or EMT-Basic levels only).~~

~~5.6.1~~ 6.1 Bag Valve Mask, Adult - Automatic, pressure cycled resuscitators are not acceptable.

~~6.7.1~~ 7.1 Bag Valve Mask, Child

~~7.8.1~~ 8.1 Bag Valve Mask, Infant

~~8.9.6~~ 9.6 Bandages, Roller - self-adhering 3 inches minimum width.

CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
EMS RADIO FREQUENCIES

3676	9. <u>10.</u> 4 Bandages , Triangular.
3677	
3678	10. <u>11.</u> Band aids - Box of assorted sizes.
3679	
3680	11. <u>12.</u> 1 Blanket
3681	
3682	12. <u>13.</u> 1 Burn sheet - Sterile.
3683	
3684	13. <u>14.</u> 4 Collars, Extrication, Rigid - Pediatric, small, medium and large
3685	sizes required. Soft Collars are not acceptable.
3686	
3687	14. <u>15.</u> 24 Disaster Tags - Tag type must be Maine EMS approved.
3688	
3689	15. <u>16.</u> 6 Dressings , Surgical - Minimum 5 inches by 9 inches.
3690	
3691	16. <u>17.</u> 2 Dressings , Universal – 8 inches by 30 inches minimum.
3692	
3693	17. <u>18.</u> 1 Flashlight - Battery operated containing at least 2 "D-Cell"
3694	batteries or equivalent. Penlights not acceptable.
3695	
3696	18. <u>19.</u> 10 (Pair) Gloves
3697	
3698	19. <u>20.</u> 1 Glucose Preparation - Commercially packaged - for emergency
3699	medical administration.
3700	
3701	20. <u>21.</u> 2 (Pair) Goggles, Protective
3702	
3703	21. <u>22.</u> 1 Head Immobilization Device - Any device that may be attached
3704	to a long spinal immobilization device for the purpose of immobilizing
3705	the head and cervical spine.
3706	
3707	22. <u>23.</u> 1 Mask, Pocket -With oxygen inlet and one way valve.
3708	
3709	23. <u>24.</u> 4 Masks - Surgical type.
3710	
3711	24. <u>25.</u> Oxygen, Portable - At least one operable "D" cylinder, at a
3712	minimum 1500 psi, or its equivalent, equipped with a flow meter which
3713	will operate in all positions. Must have adult and child non- recreate
3714	<u>rebreather</u> mask, adult nasal cannula, and infant mask.
3715	
3716	25. <u>26.</u> Saline, Sterile - Commercially sealed container(s) must total no
3717	less than 500 ml and must not have passed expiration date.
3718	
3719	1 Shears, <u>Trauma Bandage</u> 7 inch size. Sewing or table shears not
3720	acceptable. Shears designed to cut leather or heavy clothing are acceptable.

3721	26. <u>27.</u> Sphygmomanometers - Adult, large adult, child, and infant sizes.
3722	
3723	27. <u>28.</u> 1 Spinal Immobilization Device, Long - Long spine board or
3724	similar device providing adequate spinal immobilization acceptable.
3725	
3726	28. <u>29.</u> 4 Splints, Padded Board - 2 (3 inches by 36 inches) and 2 (3
3727	inches by 15 inches). Similar splints such as cardboard, plastic, wire-
3728	ladder, or canvas with rigid inserts of like length and width may be
3729	carried in place of the 36 inch and 15 inch boards. Air splints or vacuum
3730	splints may be carried in place of one of the required padded board
3731	splints of each length.
3732	
3733	29. <u>30.</u> 12 Sponges, Sterile - 4 inches by 4 inches.
3734	
3735	30. <u>31.</u> Stethoscopes, 1- adult, 1- pediatric
3736	
3737	31. <u>32.</u> 6 Straps – 9 feet in length; 2 inches minimum width; with buckles.
3738	Quick-clip and other commercial straps are acceptable; however, at least
3739	three 9 foot straps are required.
3740	
3741	32. <u>33.</u> 1 Suction apparatus - Portable unit to provide pharyngeal suction
3742	of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the
3743	suction tube is clamped closed. Unit must have trap bottle, and be
3744	equipped with rigid pharyngeal suction tip and appropriate catheters.
3745	
3746	<u>34.</u> 2 Tape, Adhesive, Roll - At least 1 inch wide.
3747	
3748	33. <u>35.</u> 1 Tourniquet – <u>Must be commercially prepared for hemorrhage</u>
3749	<u>control.</u>
3750	
3751	34. <u>36.</u> 2 Towels - Medium size.
3752	
3753	35. <u>37.</u> - 2 Vests , reflective.
3754	
3755	C. Suggested additional equipment for all non-transporting services:
3756	
3757	Thermometer(s) – Non-glass fever type. Hyperthermic and hypothermic
3758	ranges should be available.
3759	
3760	D. Suggested additional equipment for non-transporting first
3761	responder <u>Emergency Medical Responder</u> services providing wilderness
3762	rescue services:
3763	
3764	1. Signaling devices (smoke, flare, mirror, etc.).
3765	

~~2. 1 Stretcher, Basket type or similar device.~~

§2. **Equipment List for Ground Ambulance Services**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. The Equipment list for Ground Ambulance Services follows:

1. 4 Airways, Oral - One each of sizes: Large adult; adult; child; infant.

2. 4 Airways, Nasal – One each of sizes; Large adult; adult; child; infant.

3. **1 Aluminum foil** – 18 inches by 25 feet roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".

4. **1 Automatic External Defibrillator (AED)** - Must be a semi –automatic defibrillator with 1 set of pediatric and 2 sets of adult defibrillator pads.
~~(Required for services licensed at the EMT Basic level only).~~

5. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled resuscitators are not acceptable.

6. **1 Bag Valve Mask, Child**

7. **1 Bag Valve Mask, Infant**

8. **6 Bandages, Roller** - self-adhering 3 inches minimum width.

9. **4 Bandages Triangular**

10. **Band aids** - Box of assorted sizes.

11. **2 Emesis basins** - Alternative containers acceptable.

12. **4 Blankets**

13. **2 Burn sheets** - Sterile.

14. **4 Collars, Extrication, Rigid** - Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.
15. **24 Disaster Tags** - Tag type must be Maine EMS approved.
16. **6 Dressings, Surgical** - Minimum 5 inches by 9 inches.
17. **4 Dressings, Universal** - 8 inches by 30 inches minimum.
18. **1 Fire extinguisher** - A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis.
19. **2 Flashlights** - Battery operated containing at least at least 2 "D-Cell" batteries or equivalent. Penlights are not acceptable. One flashlight must be in the patient compartment
20. **10 (Pair) Gloves**
21. **2 Glucose Preparation** - Commercially packaged - for emergency medical administration.
22. **4 (Pair) Goggles, Protective**
23. **4 Gowns/Overalls** - Of adequate material and design to provide a protective barrier against contact with patient's body fluids.
24. **1 Head Immobilization Device** - Any device, which may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.
25. **1 Mask, Pocket** -With oxygen inlet and one way valve.
26. **4 Masks** - Surgical type.
27. **1 Obstetrical Kit** - To contain sterile gloves, scalpel or scissors, umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator, plastic bag, and receiving blanket. Kit must be sealed in plastic to prevent contamination.
28. **Oxygen** - "M" (also known as "DEY") cylinder or equivalent number of other size tanks to achieve a minimum storage capacity of 3000 liters (@ 2000 psi pressure, 70 degree temperature). "E" cylinders hold 685 liters when full (2000 psi). "D" cylinders hold 410 liters when full (2000 psi). A response-available ambulance must carry, as a minimum, the volume

- 3855 of portable oxygen required below plus the equivalent of an "M" cylinder
3856 at no less than 500 psi. All cylinders must be adequately secured in
3857 vehicle.
3858
- 3859 29. **Oxygen Masks** - 2 each: adult non rebreather; adult nasal cannula;
3860 pediatric non rebreather; and, infant mask.
3861
- 3862 30. **Oxygen, Portable** - At least two operable "D" cylinders (410 liters each),
3863 one of which indicates a minimum pressure of 1500 psi and the other
3864 which indicates a minimum pressure of 500 psi. At least one of the two
3865 required tanks shall be equipped with a flow meter that will operate in all
3866 positions.
3867
- 3868 31. **2 Pillows**
3869
- 3870 32. **1 Pulse Oximeter**
3871
- 3872 33. **Saline, Sterile** - Commercially sealed container(s) must total no less than
3873 2000 ml and must not have passed expiration date.
3874
- 3875 34. **1 Sharps Container** - Must be secured.
3876
- 3877 ~~35. 2 Shears, **Trauma Bandage**—7 inch size. Sewing or table shears not~~
3878 ~~acceptable. Shears designed to cut leather or heavy clothing are~~
3879 ~~acceptable.~~
3880
- 3881 ~~36.~~35. **4 Sheets**
3882
- 3883 ~~37.~~36. **Sphygmomanometers** - Adult, large adult, child and infant sizes.
3884
- 3885 ~~38.~~37. **1 Spinal Immobilization Device, Long** - Long spine board or
3886 similar device providing adequate spinal immobilization acceptable.
3887
- 3888 ~~39.~~38. **1 Spinal Immobilization Device, Short** - short spine board or
3889 similar device providing adequate spinal immobilization acceptable.
3890
- 3891 ~~40.~~39. **4 Splints, Padded Board** - 2 (3 inches by 36 inches) and 2 (3
3892 inches by 15 inches). Similar splints such as cardboard, plastic, wire-
3893 ladder, or canvas with rigid inserts of like length and width may be
3894 carried in place of the 36 inch and 15 inch boards. Air splints or vacuum
3895 splints may be carried in place of one of the required padded board
3896 splints of each length.
3897
- 3898 ~~41.~~40. **1 Splint, Traction** - Adult size. Additional pediatric
3899 recommended.

3900	
3901	42. <u>41.</u> 12 Sponges, Sterile – 4 inches by 4 inches.
3902	
3903	43. <u>42.</u> Stethoscopes , 1-adult, 1-pediatric.
3904	
3905	44. <u>43.</u> 6 Straps – 9 feet in length; 2 inches minimum width with buckles.
3906	Quick-clip and other commercial straps are acceptable; however, at least
3907	three 9 foot straps are required.
3908	
3909	45. <u>44.</u> 1 Stretcher, Folding - Any of the following are acceptable: stair
3910	chair converting to full-length cot; army D-ring stretcher; ambulance
3911	folding stretcher; scoop stretcher.
3912	
3913	46. <u>45.</u> 1 Suction device, Portable , capable to provide pharyngeal suction
3914	of at least 11.8 inches mercury (300mm Hg) within 4 seconds after the
3915	suction tube is clamped closed. Unit must have trap bottle, and be
3916	equipped with rigid pharyngeal suction tip and appropriate catheters. The
3917	unit must be electrically powered - capable of operating from its own
3918	(internal) battery.
3919	
3920	47. <u>46.</u> 3 Tape, Adhesive - Assorted size rolls.
3921	
3922	48. <u>47.</u> Thermometer(s) - Non-glass fever type. Hypothermic
3923	<u>Hyperthermic</u> and hypothermic ranges should be available.
3924	
3925	49. <u>48.</u> 1 Tourniquet – Must be commercially prepared for hemorrhage
3926	control.
3927	
3928	50. <u>49.</u> 4 Towels cloth type.
3929	
3930	<u>50.</u> 2 Vests , reflective striping on crew member uniforms and outerwear are
3931	acceptable if the reflective striping provides 360° visibility.
3932	<u>51.</u> 1 Glucometer
3933	<u>52.</u>
3934	<u>A Stretcher as specified in Ch. 3§13(1)(E). All restraining straps must be</u>
3935	<u>used during patient transport unless they interfere with patient care,</u>
3936	<u>or a Child Protective Seat is in place.</u>
3937	

~~B. Optional Equipment: 1 Glucometer.~~

§3. **Equipment List For Scene Response Air Ambulances**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

3945	A. The Basic Life Support equipment list for scene response air
3946	ambulances follows:
3947	
3948	<u>1. 4 Airways, Oral</u> - One each of sizes: Large adult; adult; child; infant.
3949	
3950	<u>2. 4 Airways, Nasal</u> – One each of sizes; Large adult; adult; child; infant.
3951	
3952	
3953	51.3. <u>3. 1 Aluminum foil</u> – 18 inches by 25 feet roll or both an occlusive
3954	dressing and a device for wrapping the newborn, such as a "Space
3955	Blanket".
3956	
3957	52.4. <u>4. 1 Bag Valve Mask, Adult</u> - Automatic, pressure cycled
3958	resuscitators are not acceptable.
3959	
3960	53.5. <u>5. 1 Bag Valve Mask, Child</u>
3961	
3962	54.6. <u>6. 1 Bag Valve Mask, Infant</u>
3963	
3964	55.7. <u>7. 6 Bandages, Roller</u> - self-adhering 3 inches minimum width.
3965	
3966	56.8. <u>8. 2 Emesis basins</u> - Alternative containers acceptable.
3967	
3968	57.9. <u>9. 2 Blankets or equivalent patient thermal covering.</u>
3969	
3970	58.10. <u>10. 2 Burn sheet</u> - Sterile.
3971	
3972	59.11. <u>11. 3 Collars, Extrication, Rigid</u> - of which 2 must be adjustable to
3973	small, medium or large size, with the third being pediatric size. Soft
3974	Collars are not acceptable.
3975	
3976	60.12. <u>12. 1 Doppler</u>
3977	
3978	61.13. <u>13. 3 Dressings, Surgical</u> - Minimum 5 inches by 9 inches.
3979	
3980	62.14. <u>14. 3 Dressings, Universal</u> - 8 inches by 30 inches minimum.
3981	
3982	63.15. <u>15. 1 Fire Extinguisher</u> - FAA approved A-B-C or B-C rated. Five
3983	pound size equivalent or larger. Must be secured in vehicle.
3984	Professionally inspected on annual basis
3985	
3986	64.16. <u>16. 2 Flashlights</u> - Battery operated containing at least 2 "D-Cell" size
3987	batteries or equivalent. Penlights not acceptable. One must be in the
3988	patient compartment.
3989	

3990	65. <u>17.</u> 10 (Pair) Gloves
3991	
3992	66. <u>18.</u> 2 (Pair) Goggles, Protective
3993	
3994	67. <u>19.</u> 2 Gowns/Overalls - Of adequate material and design to provide a
3995	protective barrier against contact with patient's body fluids.
3996	
3997	68. <u>20.</u> 1 Head Immobilization Device - Any device that may be attached
3998	to a long spinal immobilization device for the purpose of immobilizing
3999	the head and cervical spine.
4000	
4001	69. <u>21.</u> 1 Mask, Pocket -With oxygen inlet and one way valve.
4002	
4003	70. <u>22.</u> 2 Masks - Surgical type.
4004	
4005	71. <u>23.</u> 1 Obstetrical Kit - To contain sterile gloves, scalpel or scissors,
4006	umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator,
4007	plastic bag, and receiving blanket. Kit must be sealed in plastic to
4008	prevent contamination.
4009	
4010	72. <u>24.</u> Oxygen System - Comprised of a portable "D" cylinder with
4011	regulator and a craft mounted cylinder with regulator with a total volume
4012	2740 liters. Must have 2 each adult and child non-rebreather masks, adult
4013	nasal cannulas, and (simple) infant masks.
4014	
4015	73. <u>25.</u> 2 Pillows
4016	
4017	74. <u>26.</u> 1 Pulse Oximeter
4018	
4019	75. <u>27.</u> Saline, Sterile - Commercially sealed container (s) must total no
4020	less than 2000 ml and must not have passed expiration date.
4021	
4022	76. <u>28.</u> 2 Shears, <u>Trauma</u> Bandage — 7 inch size. Sewing or table shears
4023	not acceptable. Shears designed to cut leather or heavy clothing are
4024	acceptable.
4025	
4026	77. <u>29.</u> 4 Sheets
4027	
4028	78. <u>30.</u> Sphygmomanometers - Adult, large adult, child and infant sizes.
4029	
4030	79. <u>31.</u> 1 Spinal Immobilization Device, Long - Long spine board or
4031	similar device (such as a rigid flight litter) providing adequate spinal
4032	immobilization acceptable.
4033	

4034		80. <u>32.</u> 1 Spinal Immobilization Device, Short - Short spine board, or
4035		similar device providing adequate spinal immobilization is acceptable.
4036		
4037		81. <u>33.</u> 2 Splints - any type - each being 24 inches in length.
4038		
4039		82. <u>34.</u> 1 Splint, Traction - Adult size.
4040		
4041		83. <u>35.</u> 12 Sponges, Sterile - 4 inches by 4 inches.
4042		
4043		84. <u>36.</u> Stethoscopes 1-adult, 1-pediatric.
4044		
4045		85. <u>37.</u> 3 Straps – 9 feet in length; 1 ¾ inches minimum width with
4046		buckles. Quick-clip and other commercial straps may substitute for 3 of
4047		the required 6 straps.
4048		
4049		86. <u>38.</u> 1 multi-point strap system.
4050		
4051		87. <u>39.</u> 1 Stretcher, Ambulance - With a minimum 3 inch foam pad and
4052		must have FAA approved latching mechanism to secure the stretcher
4053		during flight. Head must elevate.
4054		
4055		88. <u>40.</u> 1 Suction Device - portable type - capable of providing pharyngeal
4056		suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds
4057		after the suction tube is clamped closed. Unit must have trap bottle, and
4058		be equipped with rigid pharyngeal suction tip and appropriate catheters.
4059		
4060		89. <u>41.</u> 3 Tape, Adhesive – 1 inch minimum width.
4061		
4062		90. <u>42.</u> 1 Thermometer(s) - Non-glass fever type. Hyperthermic and
4063		hypothermic ranges should be available.
4064		
4065		91. <u>43.</u> 4 Towels , cloth type.
4066		
4067		92. <u>44.</u> 2 Vests, - Reflective - reflective striping on crew member
4068		uniforms and outerwear are acceptable if the reflective striping provides
4069		360° visibility.
4070		
4071		B. The Advanced Life Support equipment list for scene response air
4072		ambulances follows:
4073		
4074		1. 1 Cardiac Monitor/ Defibrillator - Capable of pediatric and adult
4075		defibrillation and cardioversion, manually selectable joule settings, 12
4076		lead ECG monitoring, and paper strip ECG recordings. Must have one
4077		set of pediatric and two sets of adult monitor defibrillator pads.
4078		

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4121
4122
4123
2. **1 Drug Storage Container** - Must be capable of securing ALS drugs in a manner which is consistent with Chapter 6 of these Rules.
 3. **1 each Endotracheal Tube, Cuffed** - Sizes 5.0, 6.0, 7.0, 8.0.
 4. **1 each Endotracheal Tube, Uncuffed** - Sizes 2.5, 3.0, 4.0.
 5. **1 End Tidal CO₂ Monitor** ~~either a colorimetric or~~ continuous waveform ~~or capnometric~~ device.
 6. **1 Logbook, for the Drug Storage Container** - Must meet the logbook requirements of Chapter 6 of the Rules.
 7. **1 Forceps, Magill, Large.**
 8. **1 Forceps, Magill, Small.**
 9. **1- Glucometer**
 10. **2 Intraosseous Needles** - 15 ga. or equivalent
 11. **3 Intravenous (IV) Administration Set, Macro drip.**
 12. **4 IV Fluid, Volume Replacement** - to total 4000 ml.
 13. **2 IV Pressure bags**
 14. **2 each IV Needle/Catheters** - Sizes 14, 16, 18, 20, catheter over-the-needle type.
 15. **Laryngoscope Blades** - Sizes 0, 1, 2, 3, 4.
 16. **1 Laryngoscope Handle**
 17. **Periglottic Devices** sizes 1, 1.5, 2, 2.5, 3, 4, 5.
OR
Transglottic Devices sizes ~~adult and child~~ 2, 2.5, 3, 4, 5
 18. **1 Sharps Container** - Must be specifically designed for needle disposal and be securely attached to prevent spillage.
 19. **1 each Stylet** - Capable of use with ET tubes sizes 2.5 to 8.0.
 20. **1 Surgical Airway/Chest Decompression Set** containing:

- 4124 (a) 1 each tracheostomy tube
4125 (b) 1 each tracheal retractor
4126 (c) 1 each Kelley clamp
4127 (d) 6 each sterile 4 inches by 4 inches sterile sponges
4128 (e) 2 each #11 scalpel blades
4129 (f) 1 each scalpel blade handle
4130 (g) 2 each ~~size 7 1/2~~ sterile surgical gloves
4131 (h) 1 each 10 ml syringe
4132 (i) 1 each transtracheal inflation tubing
4133 (j) ~~4 - 2~~ each 14 ga. 2 inch IV catheters
4134 ~~(j)~~(k) 2 each 14 ga. 3.25 inch IV catheters
4135 ~~(k)~~(l) 4 each betadine swabs or any equivalent surgical antiseptic
4136 ~~(l)~~(m) 2 each 20 ml syringes
4137 ~~(m)~~(n) 2 each one way type valve assembly, or
4138
4139 Maine EMS approved equivalent.
4140
4141 21. **1 Ventilator** with continuous waveform end tidal Carbon Dioxide
4142 monitoring.
4143
4144

§4. **Equipment List for Transfer Air Ambulances**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. The equipment list for transfer air ambulances follows:

1. **4 Airways, Oral**
2. **1 Bag Valve Mask, Adult**
3. **1 Bag Valve Mask, Child**
4. **1 Bag Valve Mask, Infant**
5. **4 Bandages, Roller**
6. **2 Blankets**
7. **1 Glucometer**
8. **4 Dressings, Surgical**
9. **2 Dressing, Universal**

- 4169
- 4170 10. **1 Drug Storage Container** - Must be capable of securing ALS drugs in a
- 4171 manner that is consistent with Chapter 6 of these Rules.
- 4172
- 4173 11. **1 each Endotracheal Tube, Cuffed** - Sizes 5.0, 6.0, 7.0, 8.0.
- 4174
- 4175 12. **1 each Endotracheal Tube, Uncuffed** - Sizes 2.5, 3.0, 4.0.
- 4176
- 4177 13. **1 End Tidal CO₂ Monitor** ~~either a colorimetric or~~ continuous waveform ~~or~~
- 4178 ~~capnometric~~ device.
- 4179
- 4180 14. **1 Logbook, for the Drug Storage Container** - Must meet the logbook
- 4181 requirements of Chapter 6 of the Rules.
- 4182
- 4183 15. **6 (Pair) Gloves**
- 4184
- 4185 16. **2 (Pair) Goggles, Protective**
- 4186
- 4187 17. **2 Gowns/Overalls**
- 4188
- 4189 18. **2 Intravenous (IV) Administration Set, Macro drip.**
- 4190
- 4191 19. **4 IV Fluid, Volume Replacement** - to total 2000 ml.
- 4192
- 4193 20. **2 each IV Needle/Catheters** - Sizes 14, 16, 18, 20, catheter over-the-
- 4194 needle type.
- 4195
- 4196 21. **Laryngoscope Blades, Sizes 0, 1, 2, 3, 4.**
- 4197
- 4198 22. **2 Laryngoscope Handles**
- 4199
- 4200 23. **Periglottic Devices** sizes 1, 1.5, 2, 2.5, 3, 4, 5.
- 4201 **OR**
- 4202 **Transglottic Devices** sizes ~~adult and child~~ 2, 2.5, 3, 4, 5.
- 4203
- 4204 24. **4 Masks** - Surgical type.
- 4205
- 4206 25. **1 Obstetrical Kit**
- 4207
- 4208 26. **Oxygen Equipment** - 2 E cylinders or equivalent; 2 flow meters; 1 adult
- 4209 non-rebreather mask; 1 nasal cannula; and 1 pediatric non-rebreather
- 4210 mask.
- 4211
- 4212 27. **1 Pillow**
- 4213

4214	28. 1 Pulse Oximeter
4215	
4216	29. Saline, Sterile – 2000 ml total.
4217	
4218	30. 1 Sharps Container
4219	
4220	31. 1 Shears, BandageTrauma
4221	
4222	32. 2 Sheets
4223	
4224	33. Sphygmomanometers – Adult, large adult, pediatric and infant.
4225	
4226	34. 4 Sponges, Sterile - 4 inches by 4 inches.
4227	
4228	35. Stethoscopes, 1 adult, 1 pediatric.
4229	
4230	36. 1 Cardiac Monitor/ Defibrillator - Capable of pediatric and adult
4231	defibrillation and cardioversion, manually selectable joule settings, 12
4232	Lead ECG monitoring, and paper strip ECG recordings. Must have 1 set
4233	of pediatric and 2 sets of adult monitor defibrillator pads.
4234	
4235	37. 1 Drug storage container - Must be capable of securing ALS drugs in a
4236	manner that is consistent with Chapter 6 of these Rules.
4237	
4238	38. 1 Drug Storage Container Logbook, - Must meet the logbook
4239	requirements of Chapter 6 of the Rules.
4240	
4241	39. 1 Stretcher, Ambulance - With a minimum 3 inch foam pad and must
4242	have FAA approved latching mechanism to secure the stretcher during
4243	flight. Head must elevate.
4244	
4245	40. 1 each Stylet - Capable of use with ET tubes sizes 2.5 to 8.0.
4246	
4247	41. 1 Suction Device portable type - capable of providing pharyngeal
4248	suction of at least 11.8 inches mercury (300mm Hg) within 4 seconds
4249	after the suction tube is clamped closed. Unit must have trap bottle, and
4250	be equipped with rigid pharyngeal suction tip and appropriate catheters.
4251	
4252	42. 1 Surgical Airway/Chest Decompression Set containing:
4253	
4254	(a) 1 tracheostomy tube
4255	(b) 1 tracheal retractor
4256	(c) 1 Kelley clamp
4257	(d) 6 sterile 4 inches by 4 inches sterile sponges
4258	(e) 2 #11 scalpel blades

- 4259 (f) 1 scalpel blade handle
4260 (g) 2 pair, size 7 1/2 sterile surgical gloves
4261 (h) 1 10 ml syringe
4262 (i) 1 transtracheal inflation tubing
4263 ~~(j)~~ 24 14 ga. 2 inch IV catheters
4264 ~~(j)~~(k) 2 14 ga 3.25 inch IV catheters
4265 ~~(k)~~(l) 4 betadine swabs or any equivalent surgical antiseptic.
4266 ~~(l)~~(m) 2 20 ml syringes
4267 ~~(m)~~(n) 2 one way type valve assemblies, or

Maine EMS approved equivalent.

43. **2 Tape, Adhesive, Roll** – 1 inch minimum width.

44. **2 Towels**

§5. **Advanced Life Support Equipment List**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. The Advanced Life Support equipment list for the ~~EMT-Intermediate~~Advanced Emergency Medical Technician (AEMT) level follows:

1. **1 Cardiac Monitor/Defibrillator** – Must be capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, 12 Lead ECG monitoring, and paper strip recordings. Must have one set of pediatric and two sets of adult monitor defibrillator pads.

~~2. **1 each Endotracheal Tube, Cuffed** – Sizes 5.0, 6.0, 7.0, 8.0.~~

~~3. **1 each Endotracheal Tube, Uncuffed** – Sizes 2.5, 3.0, 4.0.~~

~~4.~~2.1 **End Tidal Carbon Dioxide Monitor** ~~either an colorimetric,~~
continuous waveform ~~or capnometric~~ device.

~~5. **1 Forceps, Magill, Large.**~~

~~6. **1 Forceps, Magill, Small.**~~

~~7.~~3.2 **Intraosseous Needles** - 15 ga. or equivalent.

~~8.~~4.3 **Intravenous (IV) Administration Set, Macro drip.**

4304		9.5. IV Administration Set , Microdrip - As needed for medicated drips, or
4305		otherwise locally required.
4306		
4307		10.6. 6 - IV Fluid, Volume Replacement - Total of 6000 ml. Type(s) of
4308		fluids stocked (e.g. Normal Saline, Lactated Ringers) shall be in
4309		accordance with the Maine EMS Protocols.
4310		
4311		11.7. 2 each IV Needle/Catheters - Sizes 14, 16, 18, 20, 22 catheter
4312		over needle type.
4313		
4314		12. Laryngoscope Blades – Sizes 0, 1, 2, 3, 4.
4315		
4316		13. 1 Laryngoscope Handle
4317		
4318		14.8. Periglottic Devices - sizes 1, 1.5, 2, 2.5, 3, 4, 5.
4319		OR
4320		Transglottic Devices - sizes adult and child <u>2, 2.5, 3, 4, 5.</u>
4321		
4322		15.9. Phlebotomy equipment - Local/regional dictate.
4323		
4324		16.10. 1 Sharps Container - Must be specifically designed for needle
4325		disposal and be securely attached to prevent spillage.
4326		
4327		17. 1 each Stylet – Capable of use with ET tubes sizes 2.5 to 8.0.
4328		
4329		B. The Advanced Life Support equipment list for the EMT- Critical
4330		Care level includes all of the equipment required at the EMT-
4331		Intermediate<u>Advanced Emergency Medical Technician (AEMT)</u>
4332		level with the addition of the following equipment:
4333		
4334		1. 1 Drug Storage Container - Must be capable of securing ALS drugs in a
4335		manner that is consistent with Chapter 6 of these Rules.
4336		
4337		2. 1 Logbook, for the Drug Storage Container - Must meet the logbook
4338		requirements of Chapter 6 of the Rules.
4339		
4340		<u>3. IV Fluid, D5W</u> - As needed for medicated drips.
4341		
4342		<u>4. 1 each Endotracheal Tube, Cuffed – Sizes 5.0, 6.0, 7.0, 8.0</u>
4343		
4344		<u>5. 1 each Endotracheal Tube, Uncuffed 0 Sizes 2.5, 3, 4.</u>
4345		
4346		<u>6. 1 each stylet capable of use with ET tubes sizes 2.5-8</u>
4347		
4348		<u>7. Laryngoscope Blades – sizes 0, 1, 2, 3, 4</u>

4349
4350 [8. 1 Laryngoscope handle](#)
4351 [9. 1 Forceps, McGill large](#)
4352 [3.10. 1 Forceps, McGill small](#)
4353
4354 C. The Advanced Life Support equipment list for the EMT- Paramedic
4355 level includes all of the equipment required at the EMT- Critical Care
4356 level with the addition of the following equipment:
4357

4358 [4.11. 1 Surgical Airway/Chest Decompression Set containing:](#)
4359

- 4360 (a) 1 tracheostomy tube
4361 (b) 1 tracheal retractor
4362 (c) 1 Kelley clamp
4363 (d) 6 sterile 4 inches by 4 inches sterile sponges
4364 (e) 2 #11 scalpel blades
4365 (f) 1 scalpel blade handle
4366 (g) 2 pair, ~~size 7 1/2~~ sterile surgical gloves
4367 (h) 1 10 ml. syringe
4368 (i) 1 transtracheal inflation tubing
4369 [\(j\) 4 2 14 ga. 2 inch IV catheters](#)
4370 [\(k\) 2 14 ga 3.25 inch IV catheters](#)
4371 [\(l\) 4 betadine swabs or any equivalent surgical antiseptic.](#)
4372 [\(m\) 2 20 ml. syringes](#)
4373 [\(n\) 2 one way type valve assemblies, or](#)
4374

4375 Maine EMS approved equivalent.
4376

4377 §6. Regional Hospital Frequencies
4378

4379	Region 1	Southern Maine	155.325
4380			
4381	Region 2	Tri County	155.340
4382			
4383	Region 3	Kennebec Valley	155.400
4384			
4385	Region 4	Northeast	155.355
4386			
4387	Region 5	Aroostook	155.340
4388			
4389	Region 6	Mid-Coast	155.340
4390			
4391	"Statewide Net"		155.385
4392			(Maine EMS mobile-to-mobile)
4393			

**CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL
EMS RADIO FREQUENCIES**

4394 AUTHORITY: 32 M.R.S.A., Chapter 2-B.
4395
4396 EFFECTIVE DATE: July 3, 1978 (EMERGENCY)
4397
4398 AMENDED: April 1, 1982
4399 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73
4400 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and
4401 11.1067
4402 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11
4403 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103
4404 September 1, 1986
4405 August 25, 1987 - Sec. 5, 6.011 and 12 (added)
4406 July 1, 1988
4407 March 4, 1992
4408 September 1, 1996
4409 EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000
4410 REPEALED AND REPLACED: July 1, 2000
4411 July 1, 2003
4412 January 1, 2010